

Name
in
Full

Eva Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

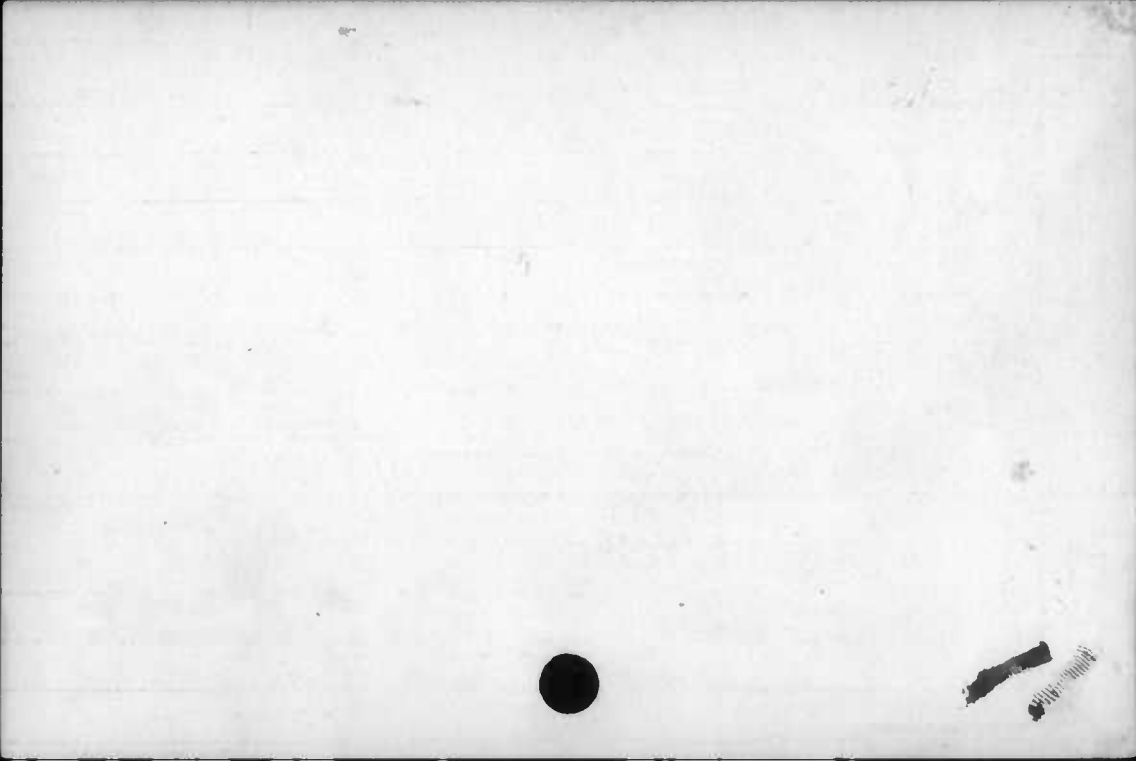
Died at <u>Brooklyn</u> ^{Town}		<u>Union</u> ^{County}		MARYLAND	
Date of death	1909	Month	2	Day	29
Age	37	Years	34	Months	7
Sex	Female	Color or Race	White	Birth-place	Brooklyn
Occupation	House Wife	Where Residing if not at place of death <u>Brooklyn</u>			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>Eva Adams</u>			
Father's Name	<u>Anton Munkiewicz</u>			Father's Birthplace	<u>And Comm</u>
Mother's Maiden Name	<u>Mary</u>			Mother's Birthplace	" "
Name of person giving information	<u>Peter Adams</u>			How related to deceased	<u>Husband</u>

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<u>Cerebral</u>	How long	<u>15 min</u>
Immediate	"	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>D. J. M. Robinson M.D.</u>	
Yes		Address <u>Brooklyn</u>	
Accident or Suicide?			



Name in Full		Joseph Aleksalza				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town E. Brooklyn		County A.A.		MARYLAND
	Date of death		1909	Month July	Day 4	Age 1	Years 1
	Sex		male		Color or Race		white
	Occupation				Birth-place		W.A.
	Where Residing if not at place of death						
	Married, Single or Widowed				Name of Wife or Husband		
FATHER'S NAME	Father's Name		Frank Aleksalza		Father's Birthplace		Russia
	Mother's Maiden Name		Emma Zalefska		Mother's Birthplace		" "
	Name of person giving information		Frank Aleksalza		How related to deceased		Father
		CAUSES OF DEATH				105	
PHYSICIAN OR CORONER	Primary		Cholera Infusition		How long		10 days
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Thos. B. Corton M.D.
					Address		So. Batts, Md.



Name
in
Full

CERTIFICATE OF DEATH

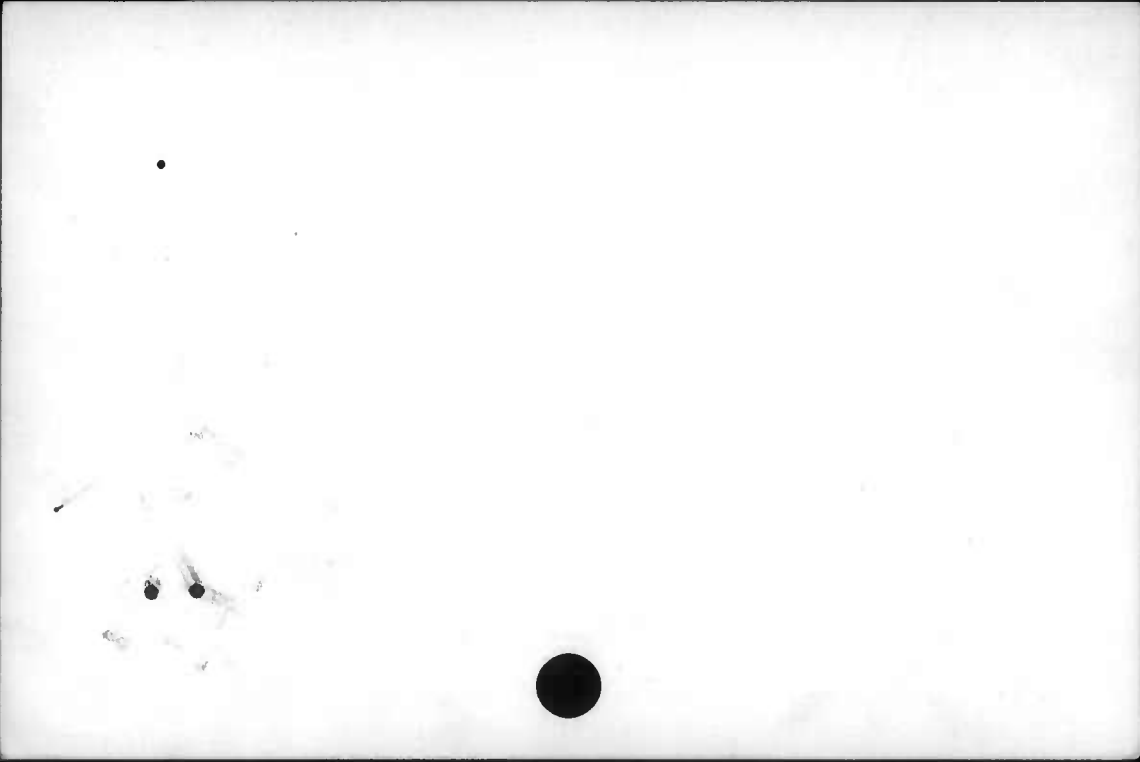
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Annie Anderson.		Town		Conaway.		County		A. A. Co.		MARYLAND			
Died at		Date of death		Month		Day		Age		Years		Months		Days	
		1909		July		1		35							
Sex		Female		Color or Race		Black.		Birth-place		A. A. Co.					
Occupation		Home wife.		Where Residing if not at place of death		Conaway.									
Married, Single or Widowed		Married		Name of Wife or Husband		John. Edward. Anderson.									
Father's Name		Henry Johnson.		Father's Birthplace		A. A. Co.									
Mother's Maiden Name		— Johnson.		Mother's Birthplace		A. A. Co.									
Name of person giving Information		John E. Anderson.		How related to deceased		Husband									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Hemorrhage ✓		How long		(85) ✓ 2 days.	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		W. G. Williams Cambridge Md.	
Accident or Suicide							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Samuel N. Anderson		County		MARYLAND	
Died at		near Laurel		A. Arundel			
Date of death		1909 July		Age		58	
Sex		male		Color or Race		white	
Occupation		Farmer		Birth- place		Md	
Married, Single or Widowed		Married		Where Residing if not at place of death		-	
Father's Name		Richard Anderson		Father's Birthplace		Md	
Mother's Maiden Name		Sophia Woodward		Mother's Birthplace		Md	
Name of person giving Information		H.C. Mullikin		How related to deceased		Brother-in-law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diabetes	How long	50 years
Immediate	Corbuncles & debility	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		W.F. Taylor	
Accident or Suicide		Address	
		Laurel Md	

8



Name
in
Full

CERTIFICATE OF DEATH

Frank Nicholas Appel
Town District County Annerundel

MARYLAND

Died at 5th District
Date of death 1909 July 7
Age _____
Month 3 Days _____

Sex Male Color or Race White Birth-place Baltimore

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name John Henry Appel Fether's Birthplace Baltimore

Mother's Maiden Name Elizabeth Soallmer Mother's Birthplace Baltimore

Name of person giving Information John Henry Appel How related to deceased Father

CAUSES OF DEATH

105

Primary Diarrhoea How long 8 Days

Immediate Cholera Infantum How long 5 Days

Are the name, age, sex, color, date and place correctly given above? yes

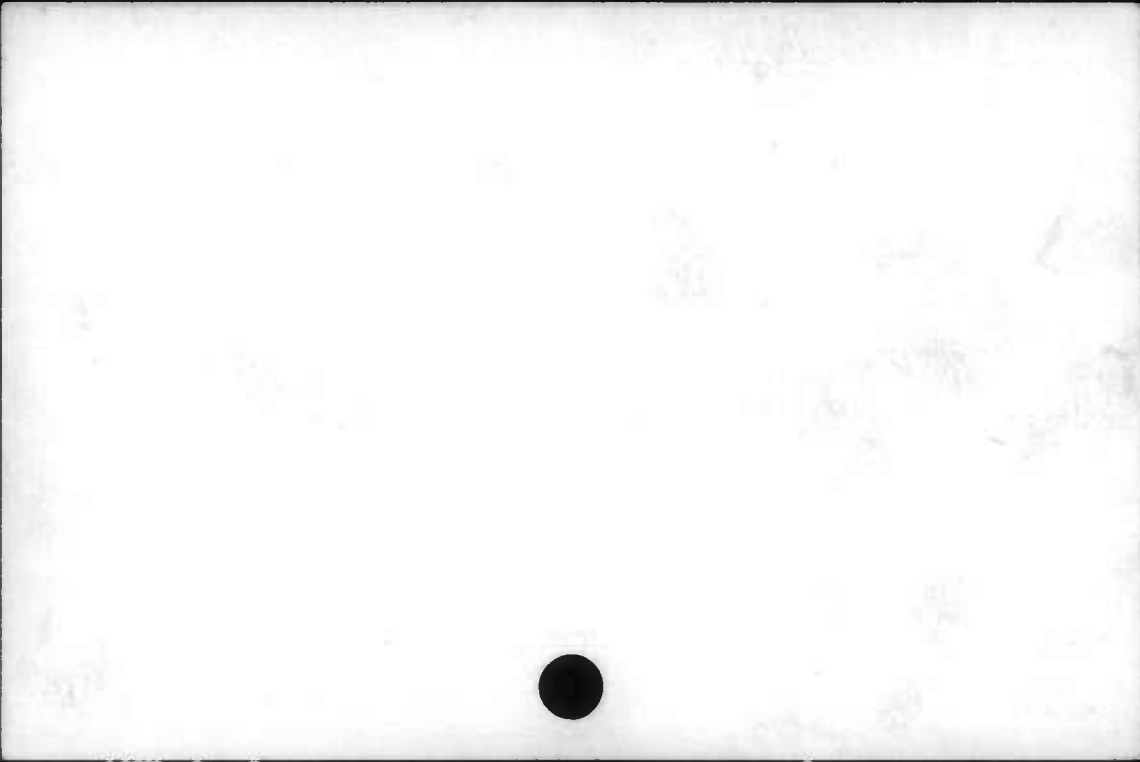
Signature of Physician H. Garvis M.D.

Address Elk Ridge Md

Accident or Suicide _____

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
In
Full

Baby Baden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

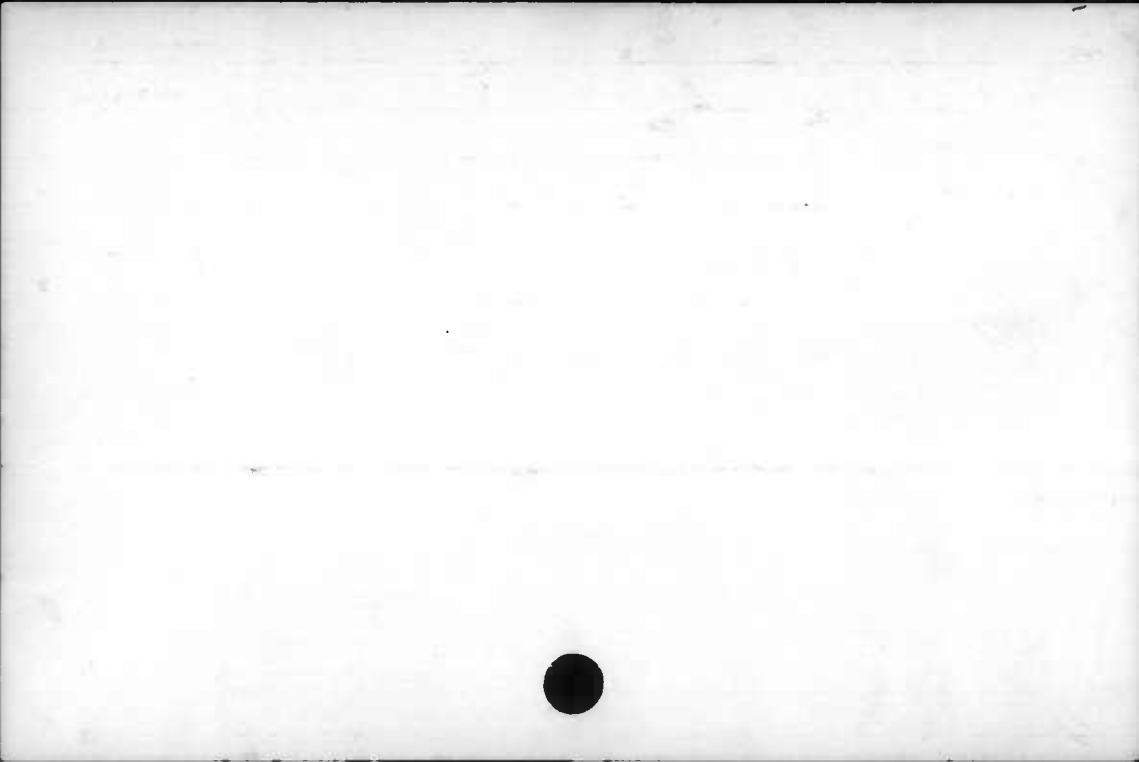
Died at <i>Bristol</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death	1909	Month	July	Day	8
Age	Years		Months	6	Days
Sex	<i>Male</i>		Color or Race	<i>Negro</i>	
Occupation			Birth-place	<i>Bristol Md</i>	
Married, Single or Widowed			Where Residing if not at place of death		
Name of Wife or Husband			<i>Francis Baden</i>		
Father's Name			<i>Unknown</i>		
Father's Birthplace					
Mother's Maiden Name			<i>Francis Baden</i>		
Mother's Birthplace			<i>Calvert Co</i>		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>all life</i>
Immediate	<i>General Marasmus</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. D. C. Hancey M.D.</i>	
Address		<i>Bristol</i>	
		<i>Maryland</i>	
Accident or Suicide			



Name
in
Full

Wm H. Bateman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

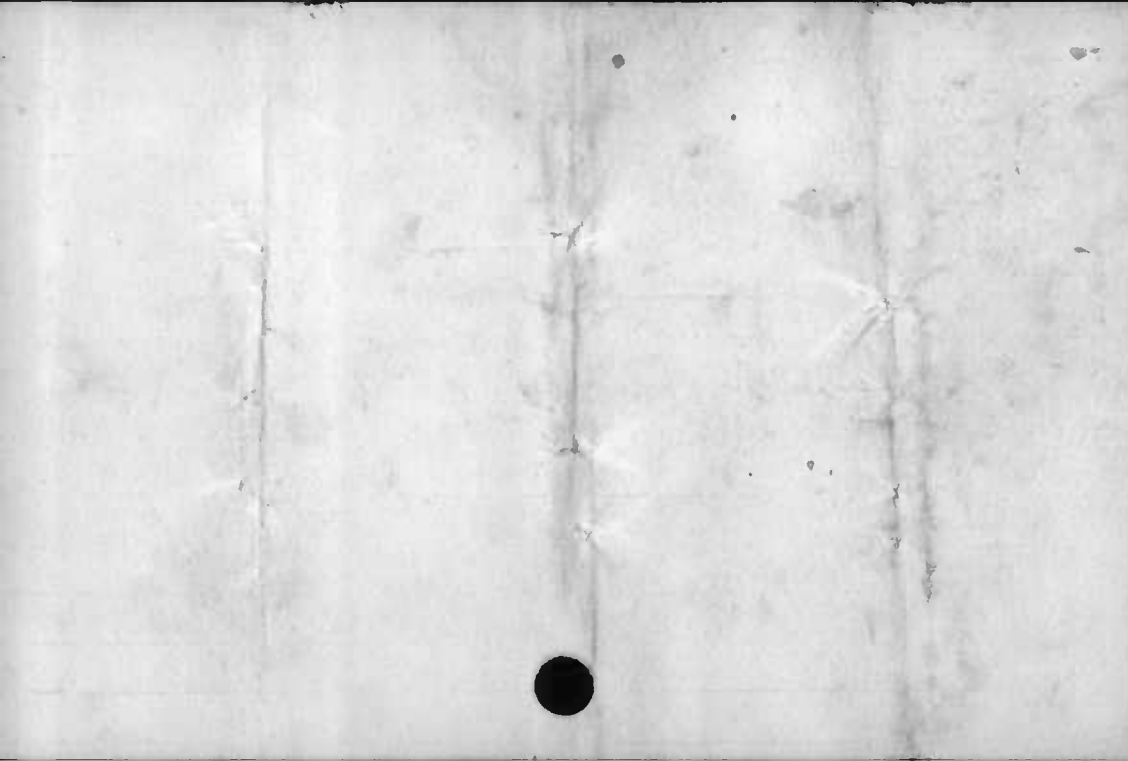
Died at <i>Newbury</i>		Town		<i>Anne Arundel</i>		County		MARYLAND	
Date of death	<i>1909</i>	Month	<i>July</i>	Day	<i>13</i>	Age	<i>—</i>	Years	<i>2</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Near Parsons</i>		
Occupation	<i>none</i>		Where Residing if not at place of death		<i>United States of America</i>				
Married, Single or Widowed	<i>single</i>		Name of Wife or Husband		<i>—</i>				
Father's Name	<i>W. H. Bateman</i>					Father's Birthplace	<i>Ches. Co. Md.</i>		
Mother's Maiden Name	<i>Laura M. Hiles</i>					Mother's Birthplace	<i>Baltimore</i>		
Name of person giving information	<i>Laura H. Bates</i>					How related to deceased	<i>mother</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Enteric Colitis</i>	How long	<i>2 weeks</i>
Immediate	<i>same</i>	How long	<i>same</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Arthur Williams</i>
		Address	<i>Elk Ridge Md</i>
Accident or Suicide?	<i>no</i>		



Name
in
Full

Robert H Beale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

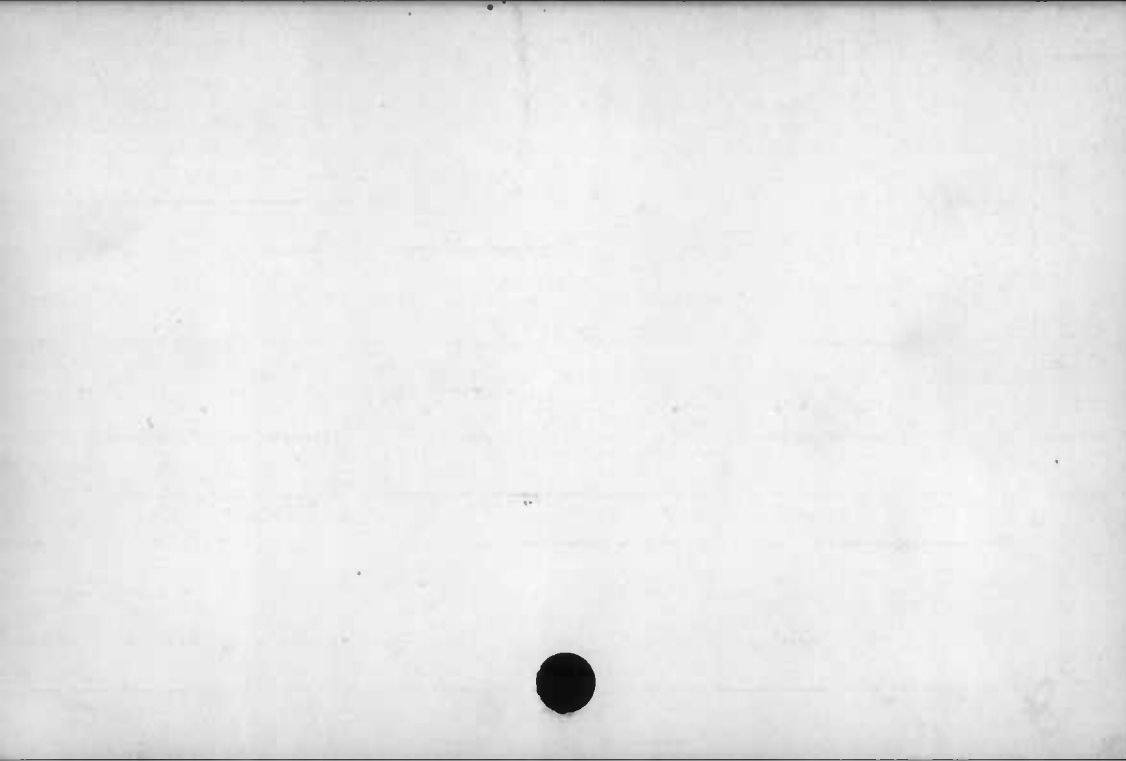
Died at		Town		County		MARYLAND	
Curtis Bay		A A Co					
Date of death	1909	Month	July	Day	4	Years	33
Sex	Male	Color or Race	White	Birth-place	Maryland		
Occupation	Laborer			Where Residing if not at place of death	No 5 Stone Hill Baltimore, Md		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Levy W. Beale				Father's Birthplace	Va	
Mother's Maiden Name	Annie Brumley				Mother's Birthplace	Va	
Name of person giving information	Ida L Jones				How related to deceased	Sister	

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary		How long	
Immediate	Accidental Drowning	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John C. Pollock
		Address	Brooklyn 44 Maryland
Accident or Suicide?	Accident		



Name
in
Full

William

J.

Beane

CERTIFICATE OF DEATH

Town

County

Died at

Annapolis Md

a. a. c'd

MARYLAND

Date

of death 1909

Month

July

Day

25

Years

Age

4 yrs

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Annapolis Md

Occupation

Where Residing if not
at place of death

Beane's Court

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

William

Beane

Father's
Birthplace

Annapolis Md

Mother's
Maiden Name

Mary Johnson

Mother's
Birthplace

Cut River

Name of person giving
Information

William Beane

How related
to deceased

Father

CAUSES OF DEATH

Primary

Severe Burns (caused by heat)

How long

Immediate

Convulsions

How long

2 hours

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

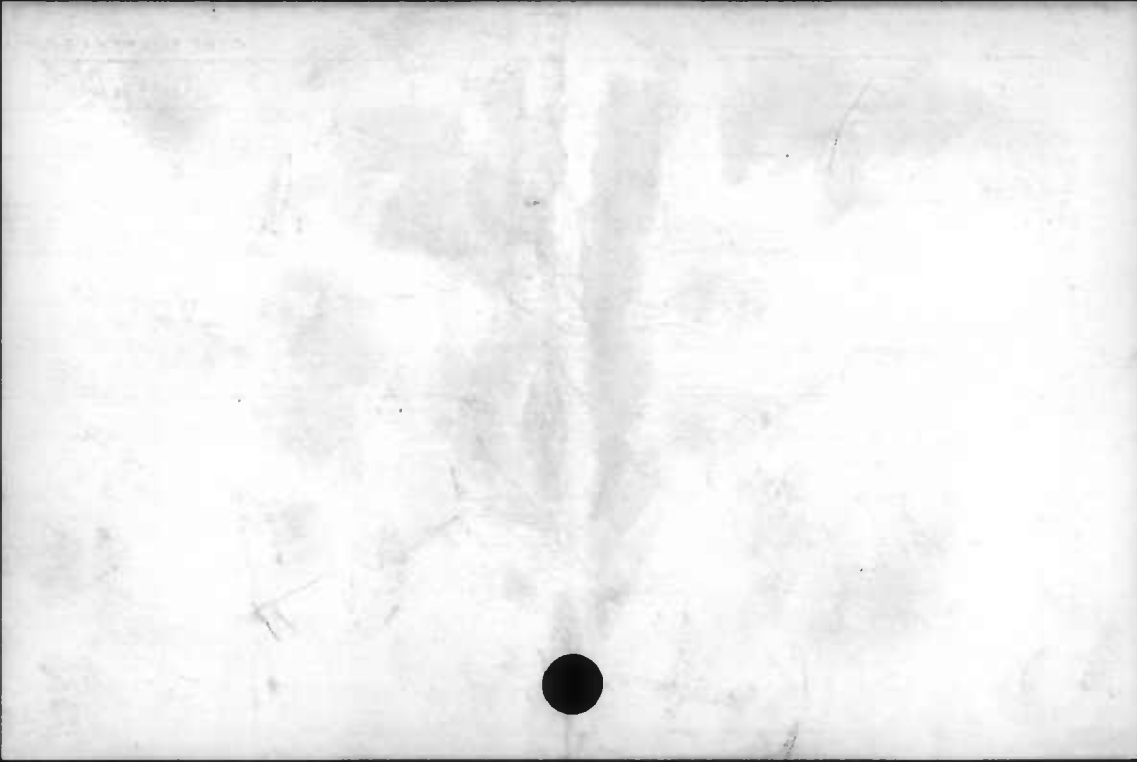
Address

J. P. Beane
6000 The Mall St
Annapolis

Accident or Suicide

accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Certificate of Death			
Anna Elizabeth Boyer		Maryland			
Died at ^{Town} <u>Millsboro</u> ^{County} <u>Anne Arundel</u>					
Date of death <u>1909</u>		Month <u>7</u>	Day <u>14</u>	Age <u>Years</u>	Months <u>7</u> Days <u>22</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>			
Occupation <u></u>		Where Residing if not at place of death <u></u>			
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u></u>			
Father's Name <u>Mr Oliver Boyer</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Laura Albert</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Albert Boyer</u>		How related to deceased <u>Grandfather</u>			
CAUSES OF DEATH					
Primary <u>Cholera Intestinal infection</u>		How long <u>1 week</u>			
Immediate <u>Cholera infantum</u>		How long <u>three days</u>			
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>O J McNamee</u>			
<u>J</u>		Address <u>Odenton</u>			
Accident or Suicide?					

//



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Harry Brandt* Town *Rock Creek* County *3^d Dis of Anne Arundel*

Died at *Rock Creek 3^d Dis of Anne Arundel* MARYLAND

Date of death *1909 July 6* Month *July* Day *6* Years *Age about 17* Months *—* Days *—*

Sex *Male* Color or Race *Caucasian* Birth-place *Baltimore City*

Occupation *Clerk in mercantile establishment* Where Residing if not at place of death *Kavanaugh Hotel - C. Md*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *John Brandt* Father's Birthplace *Germany*

Mother's Maiden Name *Kuhmann* Mother's Birthplace *Germany*

Name of person giving Information *Rev J. Hofmann D.D.* How related to deceased *Pastor*

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary *Burning* How long *Instant*

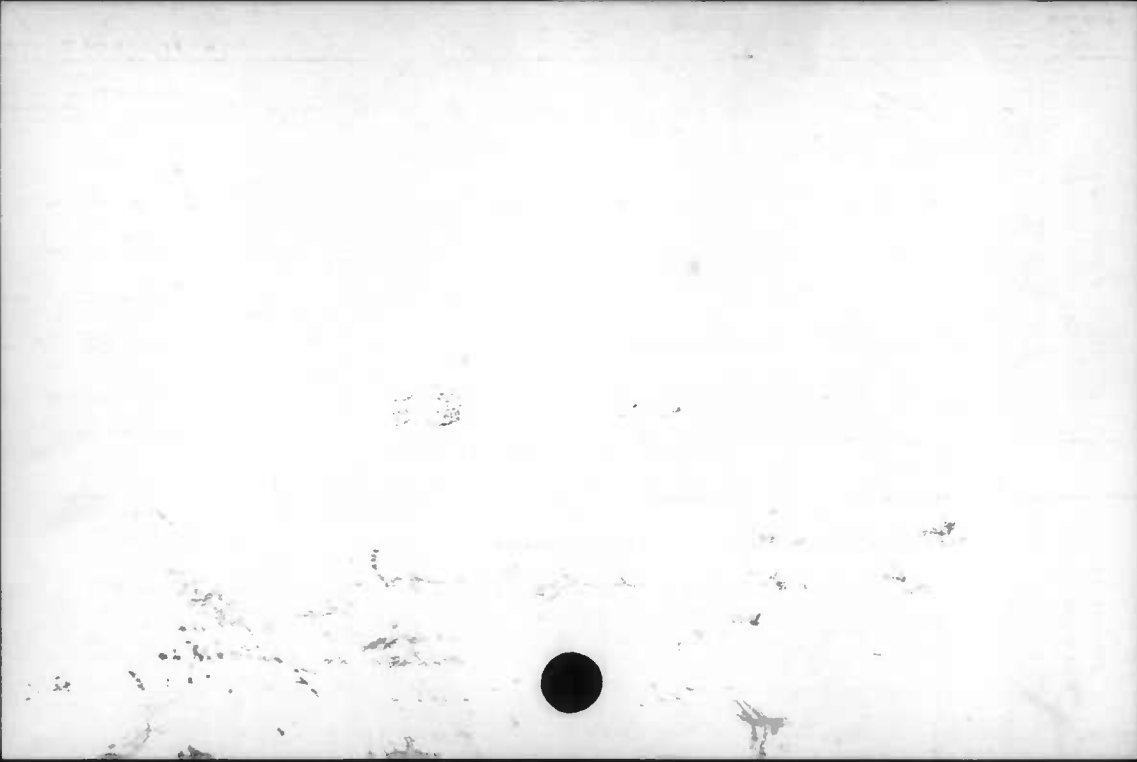
Immediate *Burning (Accidental)* How long *Instant*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Heckler's Doctor*

Address *Postman of the Peace
Building at Corner
Stoddin R. F. B. in 1 ad. sec.*

Accident or Suicide *Accident*



Name
in
Full

Infant Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

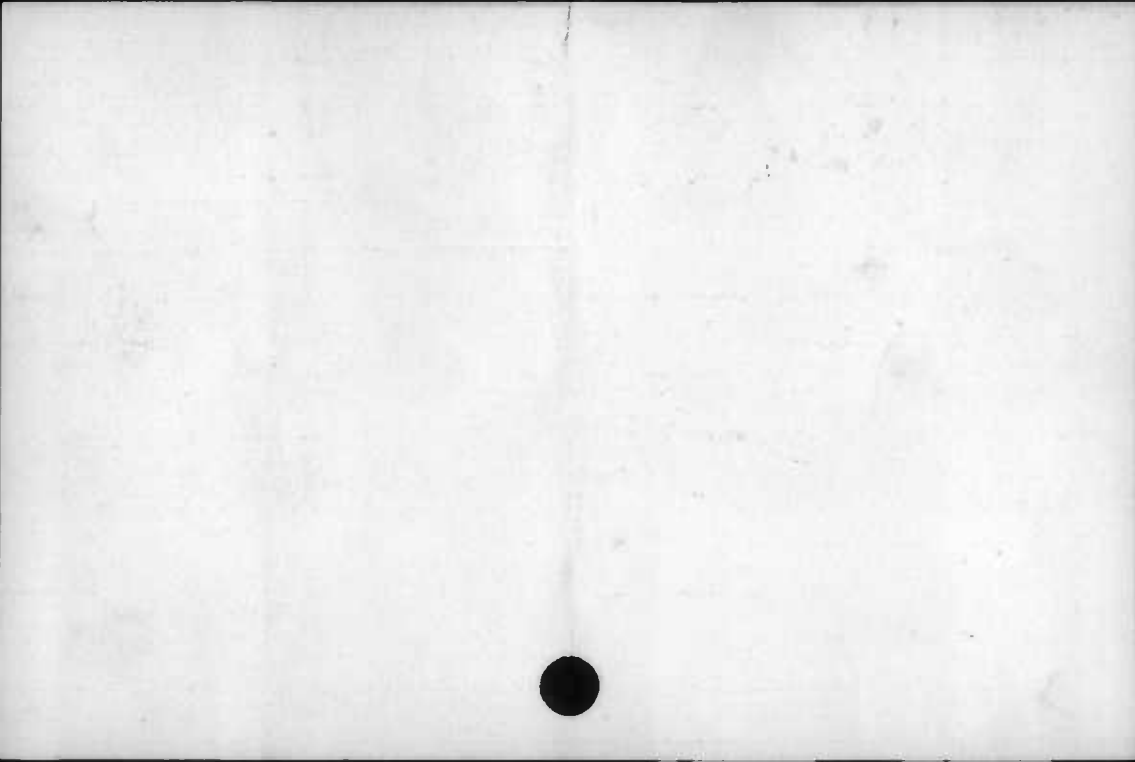
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		July	23 rd		4		
Sex	Male		Color or Race	colored		Birth-place	A A Co.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Ben. Brown			Father's Birthplace	
						A A Co.	
Mother's Maiden Name			Sarah Robinson			Mother's Birthplace	
						A A Co.	
Name of person giving information			Mother			How related to deceased	

CAUSES OF DEATH

179 ✓

PHYSICIAN
OR CORONER

Primary	Marasmus		How long	Since birth
Immediate	Exhaustion		How long	Gradual
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		John Ridout		
		Address		
		Annapolis		
		Md		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Henry Brown* Town *Annapolis* County *a-a-*

Died at *annapolis*

Date of death *1908* Month *July* Day *5* Age *68* Years Months *-* Days *-*

Sex *Male* Color or Race *Colord* Birth-place *Annapolis md*

Occupation *Labor* Where Residing if not at place of death *acton Lane*

Married, Single or Widowed *Married* Name of Wife or Husband *Alice Brown.*

Father's Name *John Brown* Father's Birthplace *Annapolis*

Mother's Maiden Name *Margret Stewart* Mother's Birthplace *Annapolis*

Name of person giving Information *Alice Brown* How related to deceased *Wife*

CAUSES OF DEATH

D - Ridgely

Primary *Chronic Nephritis* How long *Months*

Immediate *Nemia Exhaustion* How long *Gradual*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John Ridout* Address *Annapolis Md*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Marg Jane Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		ANNE ARUNDEL		MARYLAND		
Date of death		1909	Month	July	Day	30	Age	70 yrs	Months	Days
Sex		Female		Color or Race		Colored		Birth-place		unknown.
Occupation		Housewife		Where Residing if not at place of death						
Married, Single or Widowed		Single		Name of Wife or Husband		Lambert Butler				
Father's Name		unknown		Father's Birthplace		Md				
Mother's Maiden Name		unknown		Mother's Birthplace		Md				
Name of person giving Information		unknown		How related to deceased						

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Interstitial Nephritis	How long	3 years
Immediate	Conoulesion (Araemia)	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Address	
		W. R. E. Jackson Eck Ridge	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDCatharine E. Carr
Town County

Died at Annapolis

Date of death 1909 July 26

Age 26

Months Days

Sex Female

Color or Race White

Birth-place Alab.

Occupation House Wife

Where Residing if not at place of death

Married, Single or Widowed Married

Name of Wife or Husband Thomas S. Carr

Father's Name

John J. Tracey

Father's Birthplace

Ireland

Mother's Maiden Name

Margaret Carroll

Mother's Birthplace

Ireland

Name of person giving Information

Thomas S. Carr

How related to deceased

Husband

CAUSES OF DEATH

27

Primary

Tubercular Erysipela

How long

4 weeks

Immediate

Heart Failure

How long

Sudden

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

S. S. Hephner

Address

Annapolis

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

D John J. Carr
Town Annapolis County a a

Died at Annapolis
Date of death 1909 July 10 Age 9
Month Day Years Months Days

Sex Male Color or Race White Birth-place Annapolis

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Thomas Carr Father's Birthplace Brooklyn N. Y.

Mother's Maiden Name Catherine Tracey Mother's Birthplace Alab.

Name of person giving Information Mary Haney How related to deceased Aunt

CAUSES OF DEATH

151

Primary Premature Birth

Immediate Inanition

Are the name, age, sex, color, date and place correctly given above? Yes

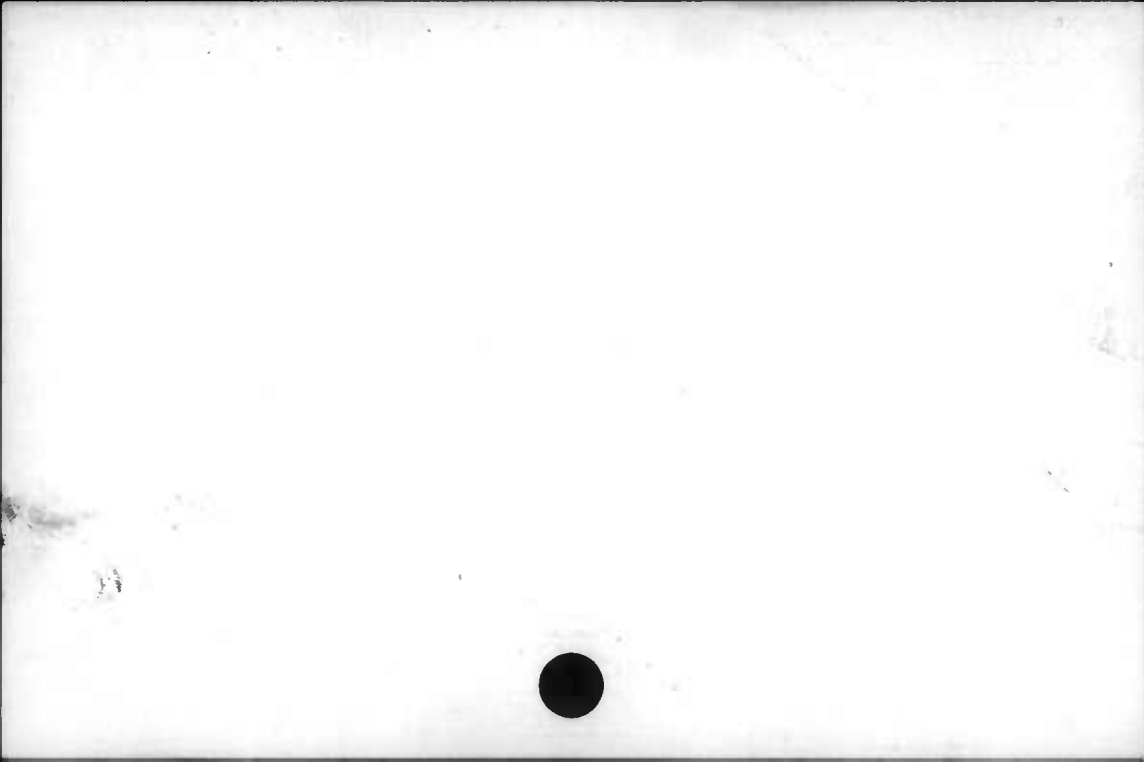
Signature of Physician

Address

S. S. Hylman
Annapolis
Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

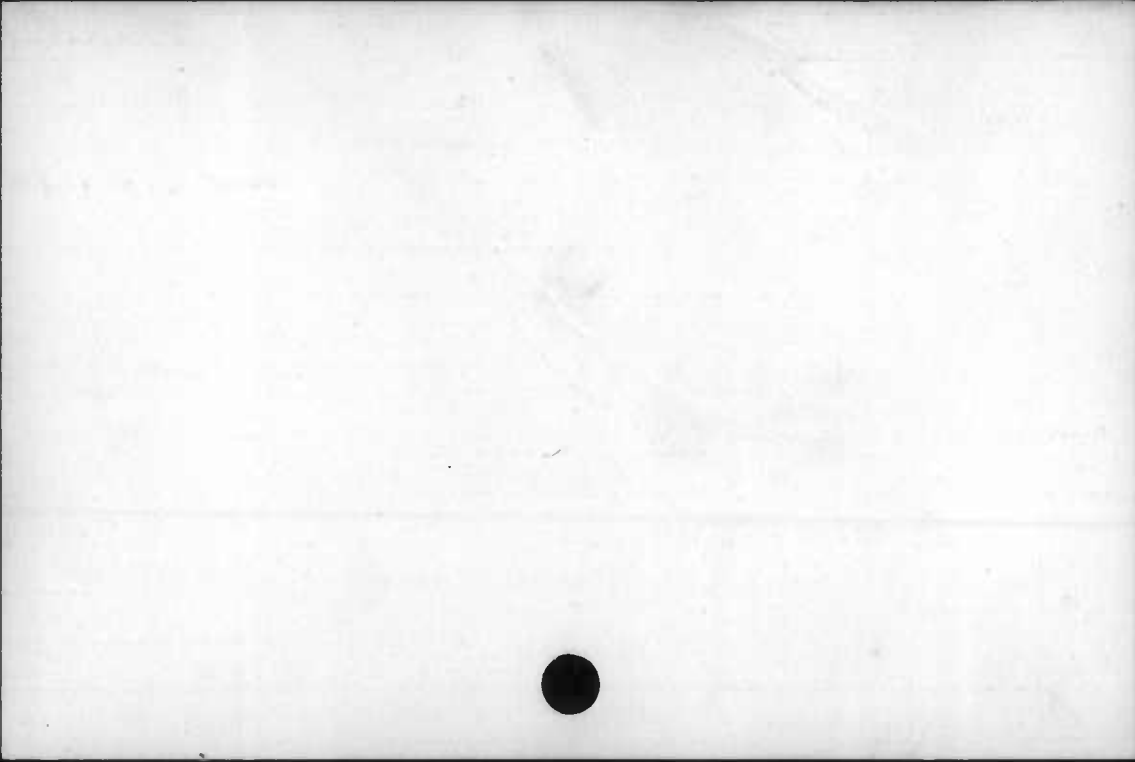
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near</i> <i>Harman</i> <small>Town</small>		<i>Ann</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i> <small>Month</small>	<i>July</i> <small>Day</small>	<i>18</i> <small>Age</small>	<i>9</i> <small>Years</small>	<i>0</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth place	<i>Louden Co Va</i>
Occupation			Where Residing if not at place of death <i>Residing at place of death</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<i>Samuel Chaney</i>			Father's Birthplace	<i>Louden Co Va</i>
Mother's Maiden Name	<i>Ada Colvil</i>			Mother's Birthplace	<i>Louden Co Va</i>
Name of person giving information	<i>Ada Edwards</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>2 weeks</i>
Immediate	<i>Debility & Heart Failure</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>C. R. Winkler</i>	
		Address	
		<i>Hanover</i>	
		<i>MA</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Thomas Chukolski

Died at Pumprey Anne Arundel

MARYLAND

Date 19 9 July 1901 Age 11 Native of Baltimore Occupation

Male White Married Widowed Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Francis Chukolski Mother's Maiden Name Augusta Dumphkanover

Cause of Death Primary Immediate Measles Measles

How long sick one week

Accident, Suicide, Homicide

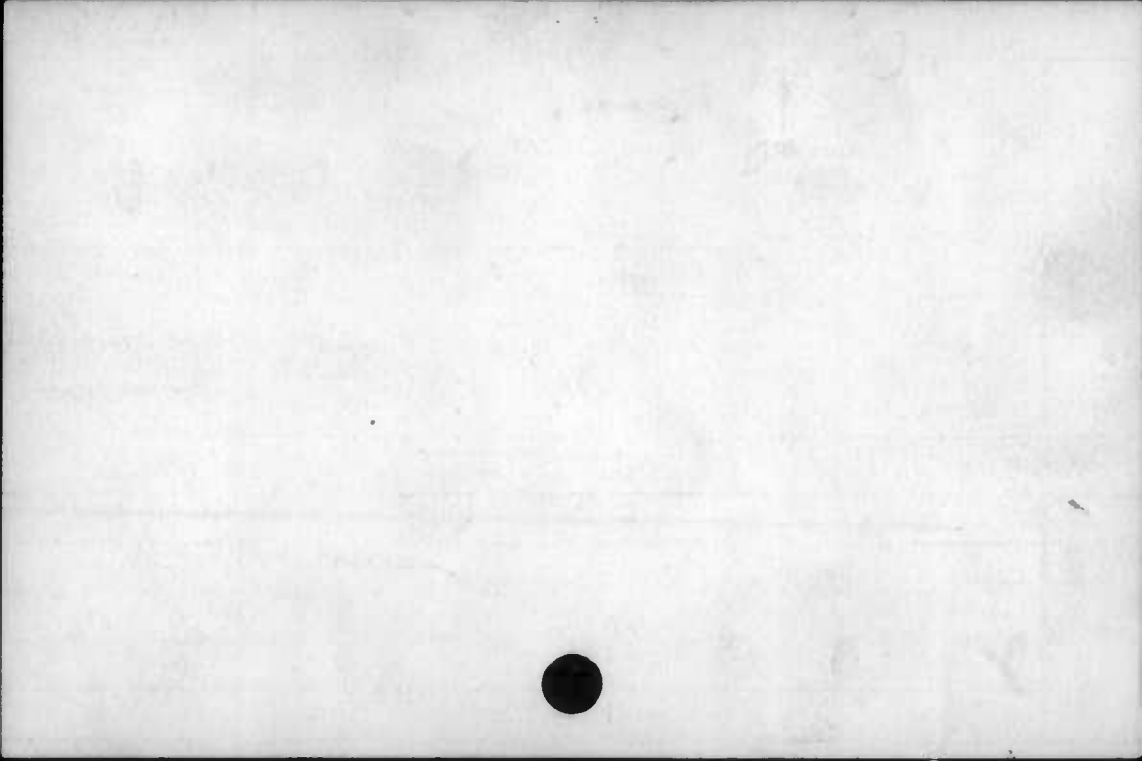
Reported by C. R. Winterson

Address Elmridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker, or minister.



Name in Full		bzarnecke				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Curtish Bay</i> <small>Town</small>		<i>a.a. County</i> <small>County</small>		MARYLAND		
	Date of death <i>1909</i> <small>Year</small> <i>July</i> <small>Month</small> <i>5th</i> <small>Day</small>		Age <i>21</i> <small>Years</small> <i>9</i> <small>Months</small> <i>6</i> <small>Days</small>				
	Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Curtish Bay Md.</i>				
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>				
	<i>Single</i> <small>Married, Single</small>		Name of Wife or Husband				
	Father's Name <i>Jan Czarnecke</i>		Father's Birthplace <i>Russia</i>				
Mother's Maiden Name <i>Mariana Swircewa</i>		Mother's Birthplace <i>Russia</i>					
Name of person giving information <i>Father</i>		How related to deceased					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; padding: 5px; width: 40px; margin: 0 auto;">14</div>							
PHYSICIAN OR CORONER	Primary <i>Dysentery</i>		How long <i>14 days</i>				
	Immediate <i>Broncho-Pneumonia</i>		How long <i>6 days</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Morris Abramowitz M.D.</i>				
	<i>8</i>		Address <i>1707 E. Balto. St. Balto. Md.</i>				
Accident or Suicide? <i>no</i>							



Name
in
Full

CERTIFICATE OF DEATH

William Riley Dadds

Town

County

MARYLAND

Died at

Annapolis

A. Arundel

Date

of death

1909

Month

July

Day

9th

Age

Years

45-

Months

Nine

Days

Sex

Masculine

Color or
Race

White

Birth-
place

Annapolis

Occupation

Locomotive Engineer

Where Residing if not
at place of death

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Father's
Name

Kachil Dadds

Father's
Birthplace

Annapolis

Mother's
Maiden Name

Harriet Perkins

Mother's
Birthplace

Washington

Name of person giving
Information

Nellie M Dadds

How related
to deceased

Sister

CAUSES OF DEATH

112

Primary

Cirrhosis of the Liver 6 months

Immediate

Asphyxia

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Geo. Wells

Address

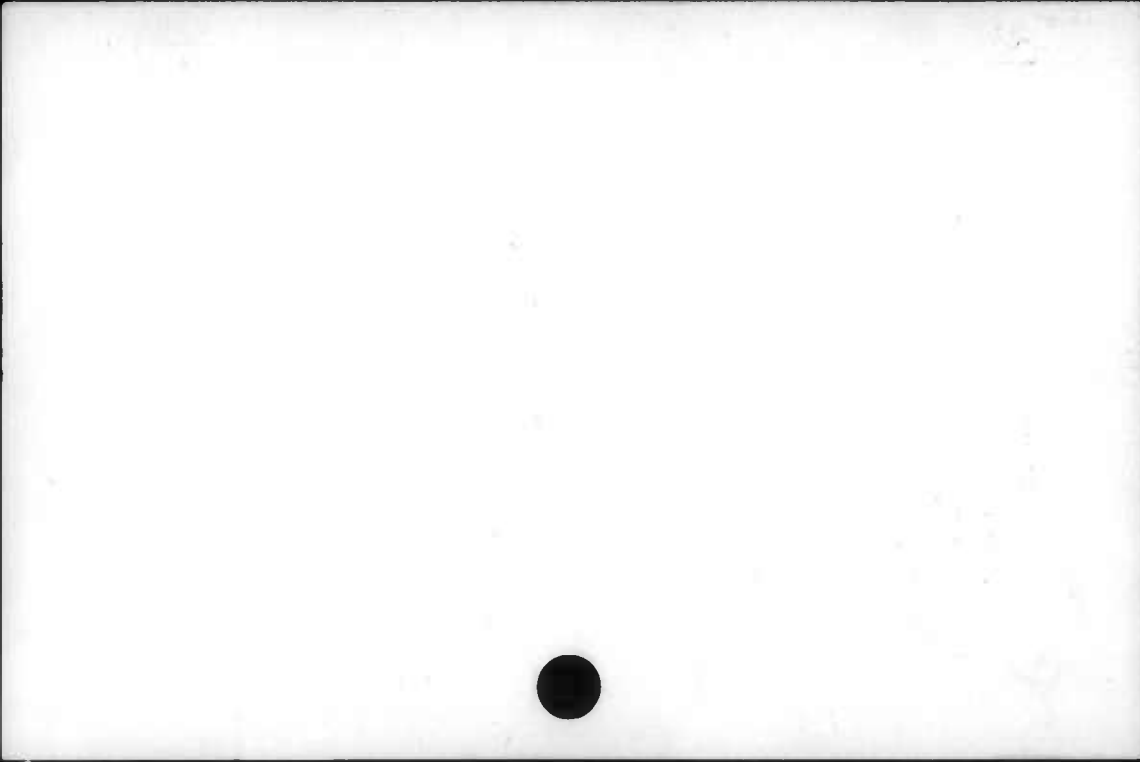
Annapolis,
Maryland

Accident or Suicide

yes
no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Grace Davis* Town *Shady Side* County *Anne Arundell* MARYLAND
Died at *Shady Side*
Date of death *1909 July 8* Month *July* Day *8* Age *0* Years *0* Months *4* Days *9*
Sex *Female* Color or Race *Colored* Birth-place *Ind*
Occupation *none* Where Reiding if not at place of death *—*
Married, Single or Widowed *Single* Name of Wife or Husband *—*
Fathar's Name *Geo. Davis* Father's Birthplace *Ind*
Mother's Maiden Name *Alice Tongue* Mothar's Birthplace *Ind*
Name of person giving Information *Geo Davis* How related to deceased *Father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Cholera Infantum*
Immediate *Convulsions*

How long *One Day*
How long *1 Hour*

Are the name, age, aex, color, date and plice correctly givan abova? *Yes*

Signature of Physician *Geo. J. Dent*
Address *Churckton*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

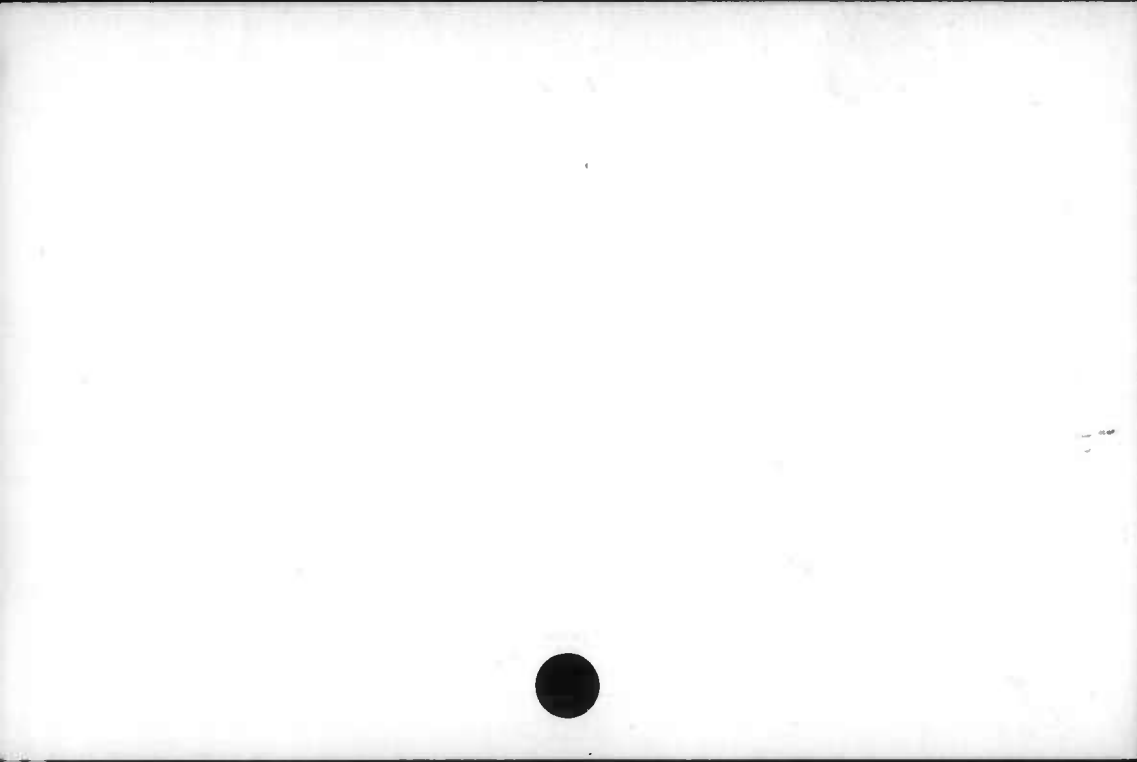
TO BE ANSWERED BY
NEAREST FRIEND

Name *Sarah Dougherty* Town *Seale* County *Anne Arundel* MARYLAND
Died at *Seale*
Date of death *1909 July 25* Age *71* Months *1* Days *20*
Sex *Female* Color or Race *White* Birth-place *Ind*
Occupation *None* Where Residing if not at place of death *—*
Married, Single or Widowed *Widow* Name of Wife or Husband *Thos. Dougherty*
Father's Name *Ben Green* Father's Birthplace *Ind*
Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*
Name of person giving Information *Jas Dougherty* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Bright's Disease* How long *Unknown*
Immediate *Pulmonary Edema* How long *2 Days*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Geo. T. Dent*
X Address *Chimokini*
Accident or Suicide



Name
in
Full

George F. Dull.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

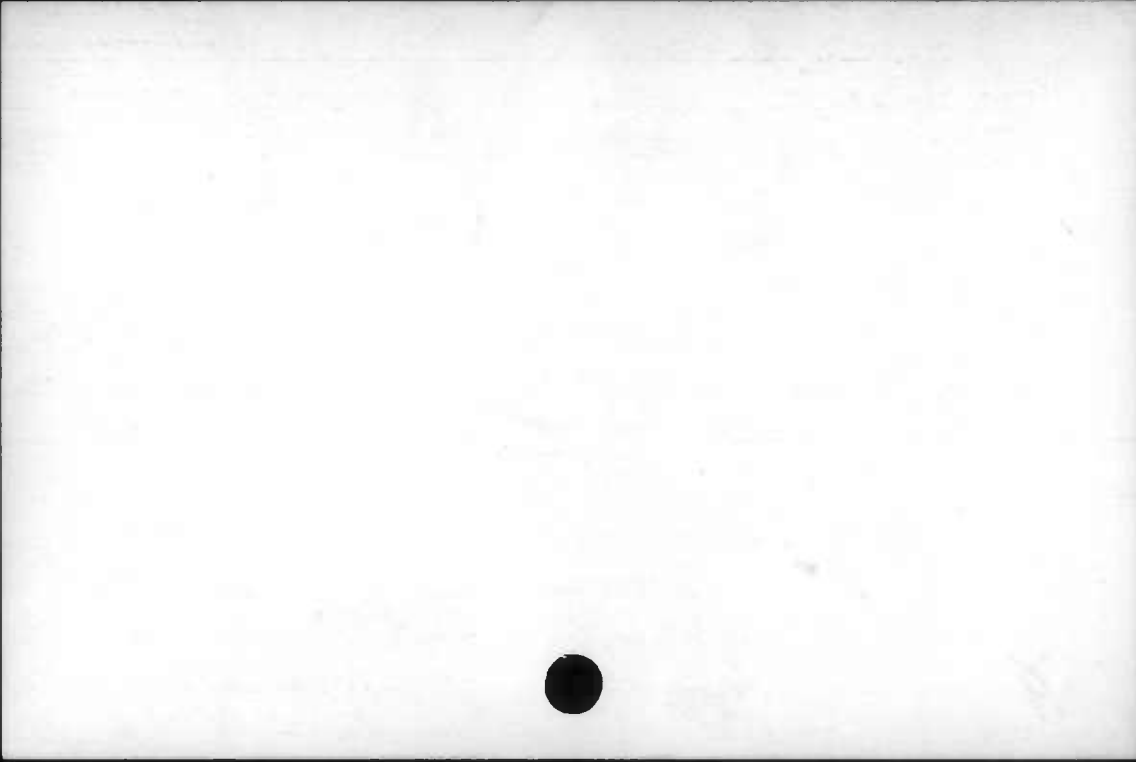
Died at		Town Fairview, 3 rd dist.		County Anne Arundel		MARYLAND	
Date of death	1909	Month July	Day 12	Age 51	Years	Months	Days
Sex	Male		Color or Race	White		Birth- place	Baltimore, Md.
Occupation	Hotel Keeper			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Mary W. Dull.			
Father's Name	Michael Dull				Father's Birthplace	Baltimore, Md.	
Mother's Maiden Name	Mary				Mother's Birthplace	Baltimore, Md.	
Name of person giving Information	Joseph Daniels				How related to deceased	Friend	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	6 years
Immediate	Heart Failure	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	James S. Billingsley MD
		Address	Armiger Md
Accident or Suicide	No		



Name
in
Full

Bertha Eads

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

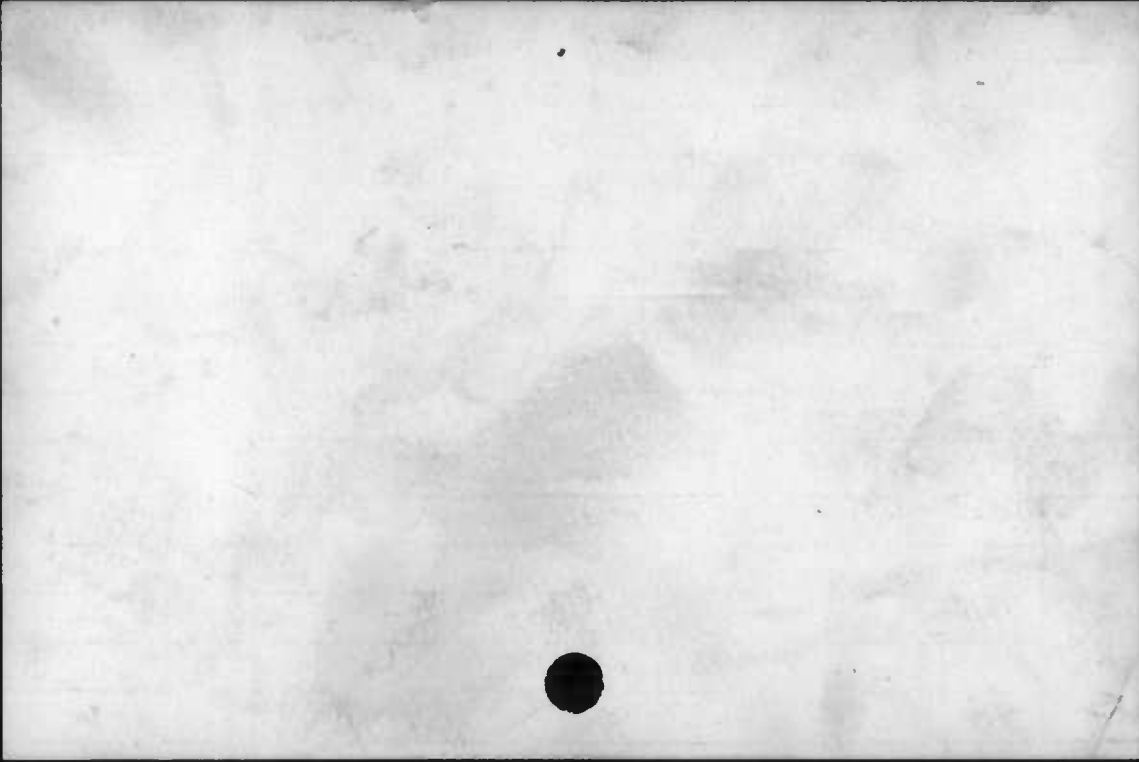
Died at <i>Jessup</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>July</i>	Day <i>26</i>	Age <i>25</i> Years	Months <i>4</i> Days <i>22</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>A. A. Co. Ind</i>		
Occupation <i>Cook</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Robert Eads</i>			Father's Birthplace <i>Pr. Geo. Co Ind</i>		
Mother's Maiden Name <i>Laura A. Oden</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Robert Eads</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

36

PHYSICIAN
OR CORONER

Primary	<i>Syphilis</i>	How long	<i>2 years</i>
Immediate	<i>Septicaemia</i>	How long	<i>10 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. H. Hammond</i>	
<i>yes</i>		Address <i>Jessup, Ind.</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sarah Edwards

Died at *Solleys* ^{Town} *Anne Arundel* ^{County} **MARYLAND**

Date of death 1909 ^{Month} *July* ^{Day} *12* ^{Years} *48* ^{Months} *_____* ^{Days} *_____*

Sex *Female* Color or Race *Colored* Birth-place *Maryland*

Occupation *Housekeeper* Where Residing if not at place of death *Solleys A A Co*

Married, Single or Widowed *Married* Name of ~~Wife~~ ^{Husband} *Jacob Edwards*

Father's Name *Richard Loyd* Father's Birthplace *dont know*

Mother's Maiden Name *dont know* Mother's Birthplace *dont know*

Name of person giving Information *Jacob Edwards* How related to deceased *Husband*

CAUSES OF DEATH

177

PHYSICIAN
OR CORONER

Primary *Dropsy* How long *Unknown*

Immediate *Heart failure* How long *at once*

Are the name, age, sex, color, data and place correctly given above? *Yes* Signature of Physician *John C. Potee*

Address *Brooklyn A A Co Md*

Accident or Suicida



Name
in
Full

Levi Eustace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

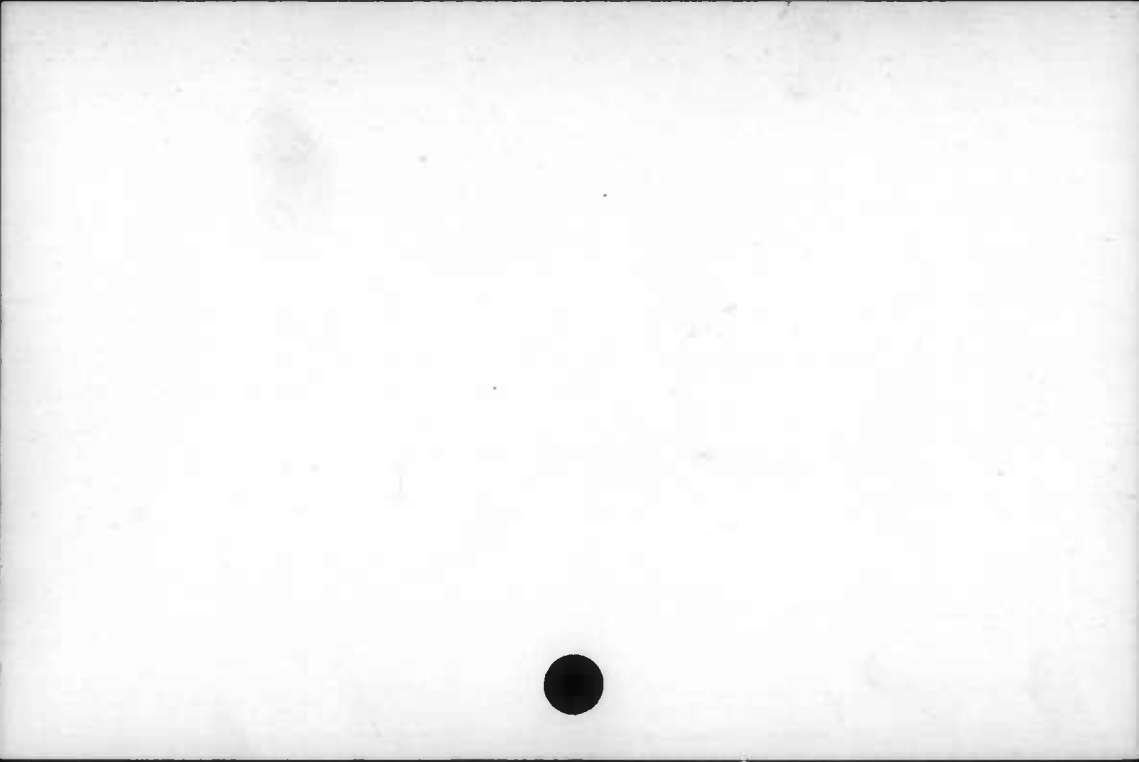
Died at		Town		County		MARYLAND	
Shady Side		Anne Arundel					
Date of death	1909	Month	July	Day	1st	Age	64
Sex	Male	Color or Race	White	Birthplace	Syracuse N.Y.	Months	7
Occupation	Policeman	Where Residing if not at place of death		Days	15		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Katherine Eustace				
Father's Name	Levi Eustace	Father's Birthplace	Unknown				
Mother's Maiden Name	Margaret Eustace	Mother's Birthplace	Unknown				
Name of person giving Information	Mary Bast	How related to deceased	Daughter				

CAUSES OF DEATH

169

PHYSICIAN
OR CORONER

Primary	Sunstroke	How long	5 hours
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	G. P. W. Wilson M.D.
		Address	Churchtown, Md.
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Fisher* Town *Sollers* County *Anne Arundel* MARYLAND
Died at *Sollers*
Date of death 1909 Month *July* Day *27* Age *55* Years Months Days
Sex *Male* Color or Race *White* Birth-place *Baltimore*
Occupation *Fisherman* Where Residing if not at place of death *Fishers Shore*
Married, Single or Widowed *Married* Name of Wife or Husband *Agnes A. Fisher*
Father's Name *Henry Fisher* Father's Birthplace *Germany*
Mother's Maiden Name *Unknown* Mother's Birthplace *Germany*
Name of person giving Information *Agnes A. Fisher* How related to deceased *Wife*

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary How long
Immediate *Accidental Drowning* How long
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *John O. P. Croner*
Address *Brooklyn*
Accident or Suicide *Accident* *A A C Md*



Name in Full		CERTIFICATE OF DEATH			
William Richard Forester		Died at <u>Odenton</u> ^{Town}		<u>A. A.</u> ^{County}	
		MARYLAND			
Date of death <u>1909</u>		Month <u>July</u>	Day <u>12</u>	Age <u>—</u> Years	Months <u>5</u> Days <u>20</u>
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Maryland</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Wesley W. Forester</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Maggie M. Arnold</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Wesley W. Forester</u>		How related to deceased <u>Father</u>			
CAUSES OF DEATH					
Primary <u>Marasmus.</u>		How long <u>179</u> <u>weeks</u>			
Immediate <u>exhaustion</u>		How long <u>24</u> <u>hrs</u>			
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>O. J. McNamee</u>			
		Address <u>Odenton</u>			
Accident or Suicide? <u>—</u>					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Gorpstis
County

MARYLAND

Died at *Curtis Bay* Town

Anne Arundel

Date of death 1909 *July* Month

Day

11

Age

Years

Months

Days

7

Sex *Female*

Color or
Race

White

Birth-
place

Anne Arundel Co.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Joseph Gorpstis

Father's
Birthplace

Russia

Mother's
Maiden Name

Annie Holpob's

Mother's
Birthplace

Russia

Name of person giving
Information

Joseph Gorpstis

How related
to deceased

Father

CAUSES OF DEATH

105

Primary

Bad feeding

How long

Unknown

Immediate

Enteric - colitis

How long

30 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Albert Y. Chambers M.D.

Address

614 S. Palast.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Shady's Greenstreet

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

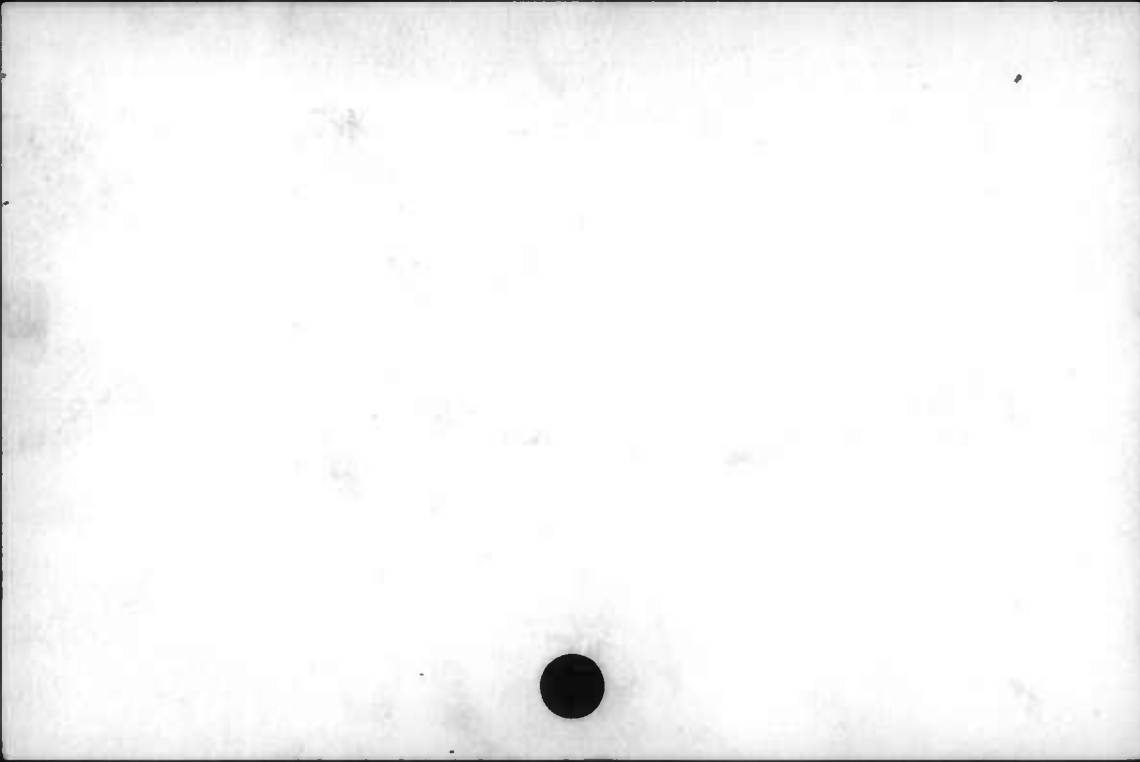
Died at		Town Brooklyn	County a a c o		MARYLAND	
Date of death	1909	Month 7	Day 7	Age —	Months 3	Days 12
Sex	Female		Color or Race	White		Birth-place
Occupation	Infant.		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	John Greenstreet				Father's Birthplace	Maryland.
Mother's Maiden Name	Lidia				Mother's Birthplace	Maryland
Name of person giving Information	Sister Mary Ann				How related to deceased	Sister

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera Infantum		How long	15 days
Immediate	Caracac Disease		How long	1 day.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
Accident or Suicide		No	Address	
			D. Byron Robinson, M.D.	
			Brooklyn	
			a a c o Md	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Glenois Owen Griner

Died at

near Shady Side

County

Anne Arundel

MARYLAND

Date

of death

1909

Month

July

Day

30

Year

Age

—

Months

4

Days

11

Sex

Male

Color or
Race

White

Birth-
place

Shady Side, Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John P. Griner

Father's
Birthplace

Baltimore, Md.

Mother's
Maiden Name

Annie Eugenia Parks

Mother's
Birthplace

A. A. Co., Md.

Name of person giving
Information

Sarah E. Parks

How related
to deceased

Grandmother

105

CAUSES OF DEATH

Primary

(Congenital Cardiac Malformation - from birth -)
Gastro-enteric-colitis

How long

22 days

Immediate

Inanition, Improper oxidation of food

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

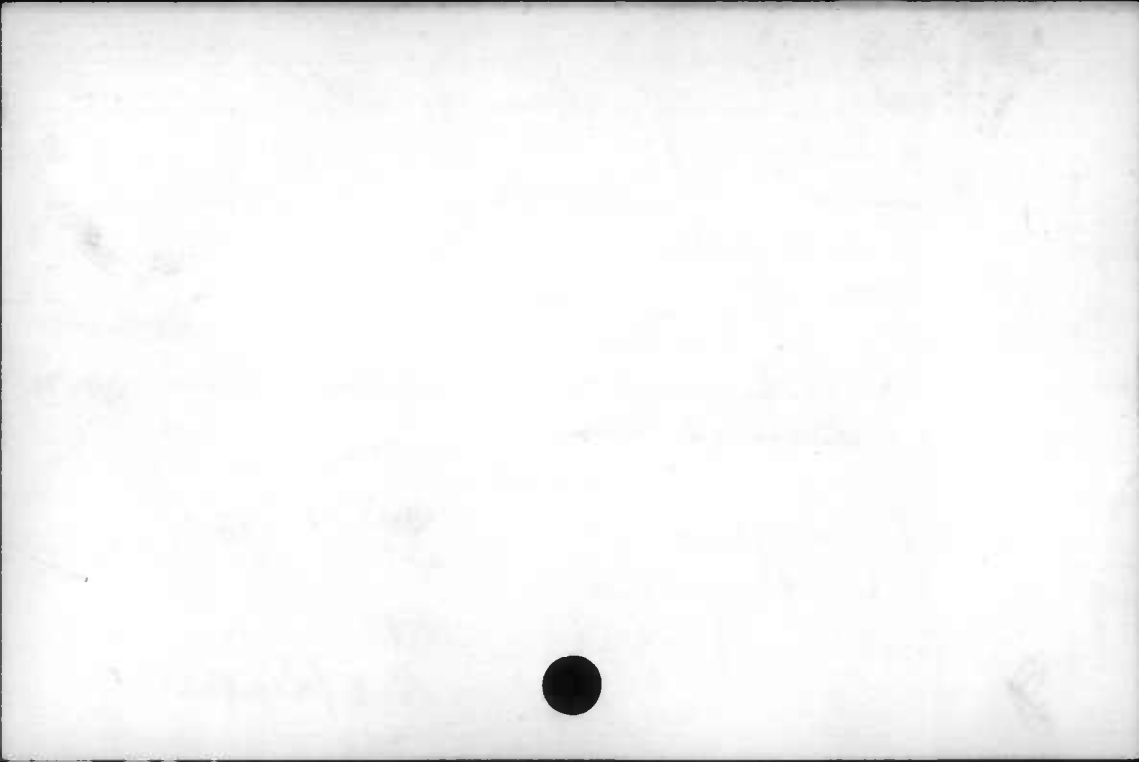
T. P. W. Wilson M.D.

Address

Lurchton, Ind.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Martha Gross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Tracy's Landing</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	Month <i>July</i>	Day <i>11</i>	Age <i>59</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ind.</i>		
Occupation <i>Housework</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sam Gross</i>				
Father's Name <i>—</i>	<i>Estep</i>		Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Unknown</i>	<i>Unknown</i>		Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Daniel Gross</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>Several years</i>
Immediate <i>Asthma</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. H. B. B. B.</i>
<i>X</i>	Address <i>McKendree</i>
	<i>Ind.</i>
Accident or Suicide? <i>—</i>	



Name in Full <i>Lane H. Hall</i>		CERTIFICATE OF DEATH	
Died at <i>Walumbury</i>		County <i>Q. A.</i>	
Date of death <i>1909 July 31</i>		Maryland Months <i>7</i> Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>B.</i>	Birthplace <i>Walumbury</i>	
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Thos. W. Hall</i>	Father's Birthplace <i>Q. A. Co.</i>		
Mother's Maiden Name <i>Lusie Grey</i>	Mother's Birthplace		
Name of person giving Information <i>T. W. Hall</i>	How related to deceased <i>Father</i>		
CAUSES OF DEATH			
Primary <i>Bronchitis</i>	How long <i>2 wks</i>		
Immediate	How long		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. B. Gault</i>		
<i>J</i>	Address <i>Memphis</i>		
<i>Accident or Suicide</i>			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

141

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Leo Kadij Harkewicz
 Died-at *So. Balt.* ^{Town} *A* ^{County} *AT*

MARYLAND

Date of death *1909* ^{Month} *July* ^{Day} *4* ^{Years} *—* ^{Months} *8* ^{Days} *—*

Sex *Female* Color or Race *white* Birth-place *W. A.*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Andrew Harkewicz* Father's Birthplace *Russia*

Mother's Maiden Name *Dominika Proszo* Mother's Birthplace *—*

Name of person giving information *Andrew Harkewicz* How related to deceased *Father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Cholera Infantum* How long *7 days.*

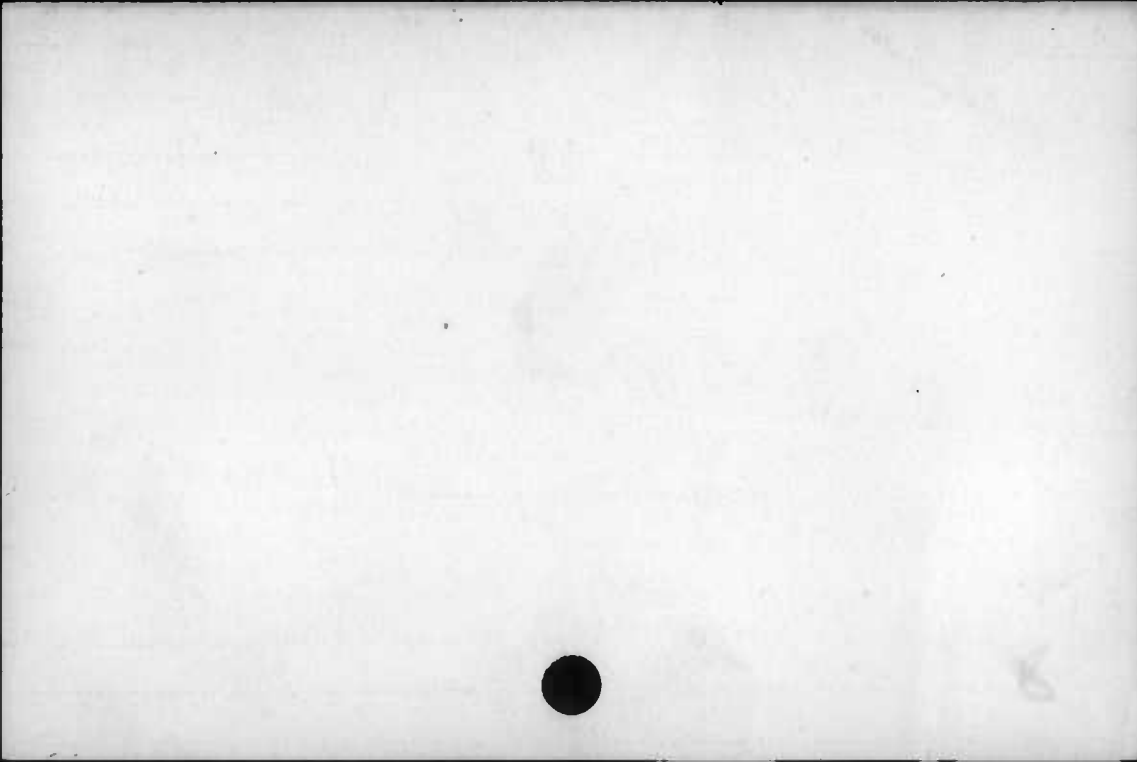
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Thos B. Norton, M.D.*

Address *So. Balt., Md.*

Accident or Suicide? *—*



Name
in
Full

Charlotte Kammann

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Kammann Ad.

Date

of death

1909

Month

July

Day

8

Years

Age 81

Months

11

Days

12

Sex

Female

Color or
Race

White

Birth-
place

Adco.

Occupation

Housewife

Where Residing if not
at place of death

—

Married, Single
or Widowed

Married

Name of Wife or
Husband

Resin Kammann

Father's
Name

Charles R. Griffith

Father's
Birthplace

Adco.

Mother's
Maiden Name

Charlotte Marmon

Mother's
Birthplace

Adco.

Name of person giving
Information

Mrs. Seltz

How related
to deceased

Daughter

CAUSES OF DEATH

120

Primary

Chronic Interstitial Nephritis

How long

4 yrs

Immediate

uraemia

How long

four days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

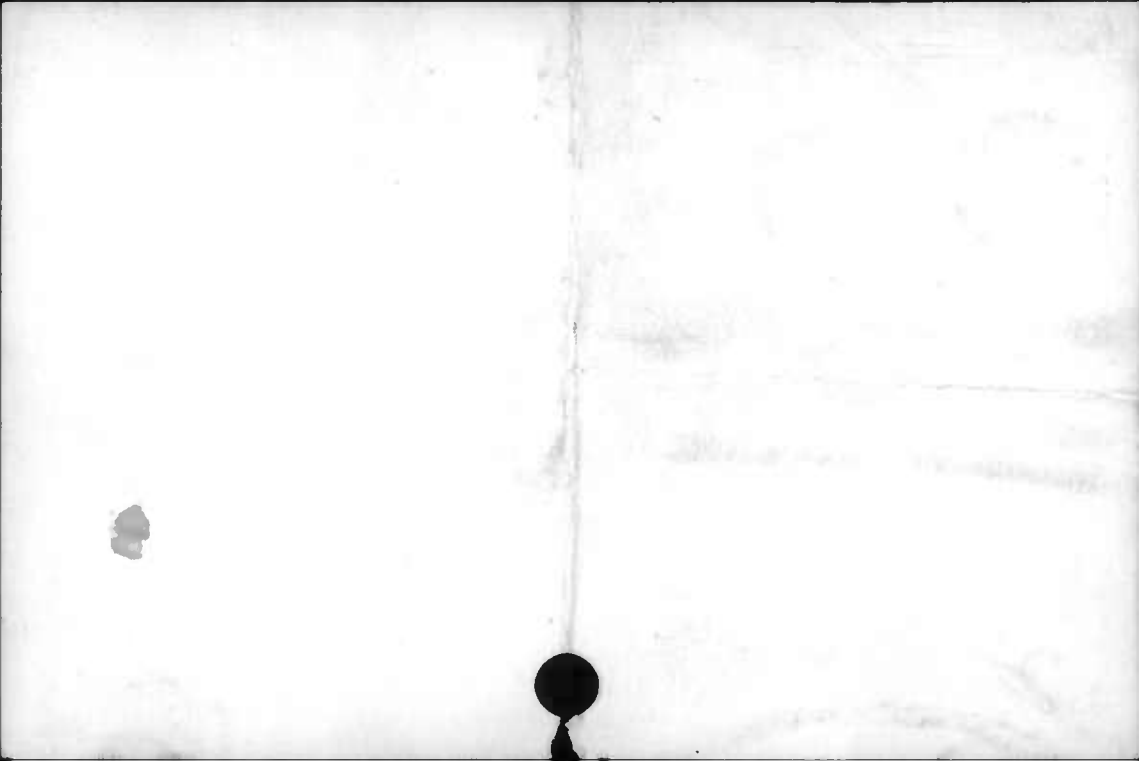
Address

R. D. Hammond
Jesseup,
Md.

Accident or Suicida

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Sarah Harrod

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Nutcrice</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death	1909	Month	July	Day	15
Age		24		Years	24
Sex	Female	Color or Race	Black	Birthplace	Ind.
Occupation		Housework		Where Residing if not at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Wesley Harrod			Father's Birthplace	Ind.
Mother's Maiden Name	Sophie Johnson			Mother's Birthplace	Ind.
Name of person giving Information		Hewy Good		How related to deceased	not related

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary	<u>Periperal Septicaemia</u>	How long	<u>3 weeks</u>
Immediate	<u>Asthenia</u>	How long	<u> </u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<u>A. H. Perrie</u>	
		Address	
		<u>McKendree, Ind.</u>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

Samuel Hill, Jr.

Town

County

MARYLAND

Died at 3rd District

a. a

Date

Month

Day

Years

Months

Days

of death

1909 July

7

Age

4

Sex

Male

Color or
Race

Colored

Birth-
place

3rd Dist. A. A. Co.

Occupation

Where Residing if not
at place of death~~Married, Single~~
~~or Widowed~~Name of Wife or
Husband

James Dancer

Father's
Name

Samuel Hill

Father's
Birthplace

North Carolina

Mother's
Maiden Name

Dassie Green

Mother's
Birthplace

3rd Dist. A. A. Co.

Name of person giving
Information

Dasis Green

How related
to deceased

CAUSES OF DEATH

105

V

Primary

Acute Colitis

How long

10 days

Immediate

Convulsions

How long

4 days, 1 hr.

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. C. Joyce M.D.
Arnold's Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary Hohnordka

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

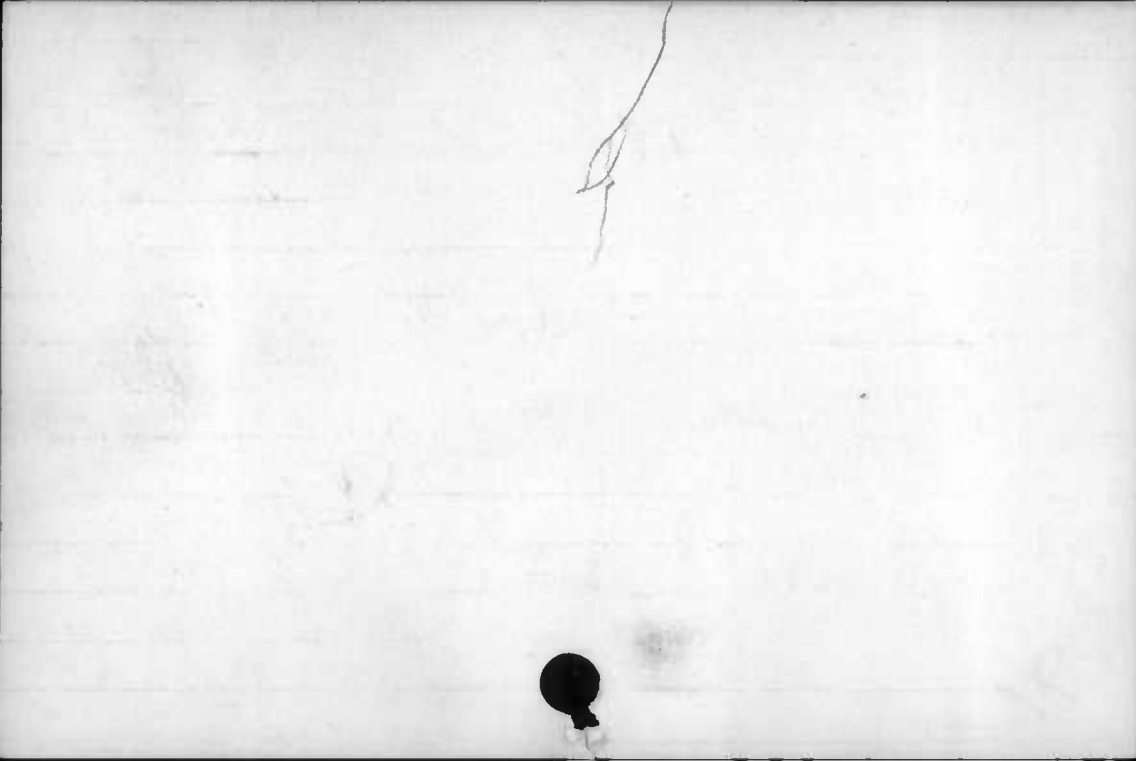
Died at <i>So Balti</i> ^{Town}		<i>A</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>July</i>	Day <i>19</i>	Age <i>✓</i>	Months <i>9</i>	Days <i>✓</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>777 d</i>		
Occupation <i>✓</i>			Where Residing if not at place of death <i>✓</i>		
Married, Single or Widowed <i>✓</i>			Name of Wife or Husband <i>✓</i>		
Father's Name <i>John Hohnordka</i>			Father's Birthplace <i>Russia</i>		
Mother's Maiden Name <i>Mary Kravitz</i>			Mother's Birthplace <i>do</i>		
Name of person giving information <i>John Hohnordka</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>6 days</i>
Immediate	<i>yes</i>	How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thos. B. Kington M.D.</i>	
		Address <i>So. Baltg. Md.</i>	
Accident or suicide? <i>✓</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Name in Full		Jemie Hood.		Town		Annapolis		County		A. A.		MARYLAND	
Died at		Annapolis		Month		July.		Day		19.		Age	
Date of death		1909		Month		July.		Day		19.		Age	
Sex		Female		Color or Race		Colord		Birth-place		Annapolis		Months	
Occupation		unknown.		Where Residing if not at place of death		Rullman's Row.		Months		4.		Days	
Married, Single or Widowed		Single		Name of Wife or Husband		unknown.		Months		8.		Days	
Father's Name		James Hood.		Father's Birthplace		West, River		Mother's Birthplace		West River		How related to deceased	
Mother's Maiden Name		Elizabeth Torby		Mother's Birthplace		West River		How related to deceased		Mother		179	
Name of person giving Information		Elizabeth Hood		How related to deceased		Mother		179		Brewerhill		Since Birth	
Primary		Marasmus		How long		Gradual		Signature of Physician		John Ridout		Address	
Immediate		Exhaustion		How long		Gradual		Signature of Physician		John Ridout		Address	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		John Ridout		Address		Annapolis		Md.	
Accident or Suicide				Signature of Physician		John Ridout		Address		Annapolis		Md.	



Name
in
Full

Priscilla E. H. Houston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at on <i>Rock Point, 3rd dist.</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	Month <i>July</i>	Day <i>24</i>	Years <i>1</i>	Months <i>5</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore, Md</i>		
Occupation <i>Infant</i>			Where Residing if not at place of death <i>Baltimore, Md</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>George Porter Houston</i>			Father's Birthplace <i>Baltimore, Md.</i>		
Mother's Maiden Name <i>Estelle Mae Boone</i>			Mother's Birthplace <i>Anne Arundel Co</i>		
Name of person giving Information <i>George Porter Houston</i>			How related to deceased <i>Father.</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Intestinal Intoxication (irritation)</i>		How long	<i>4 days</i>
Immediate	<i>Exhaustion</i>		How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
<i>Yes</i>		<i>James S. Billingslee MD</i>	<i>Elrator R. F. D #1</i>	
<i>No</i>			<i>Md</i>	
Accident or Suicide		<i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *James Howard* Town *Annapolis* County *A. A.*

Date of death 1909 *July* Month *25* Day Age *71* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *A. A. Co. Md.*

Occupation *Fisherman* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Eliza Howard*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Adeline Moore* Mother's Birthplace *A. A. Co. Md.*

Name of person giving Information *Laura Baldwin* How related to deceased *Daughter*

CAUSES OF DEATH

120

Primary *Chronic Nephritis* How long *Months*

Immediate *Memia & Exhaustion* How long *Gradual*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John Ridout, Jr.
Annapolis
Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Reverie Jackson -

Town Lake Shore - County Anne Arundel MARYLAND

Died at Lake Shore -

Date of death 1909 Month July Day 4 Age 1 Months 1 Days 14

Sex Female Color or Race Colored Birth-place Anne Arundel Co.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Sol. Jackson - Father's Birthplace Virginia

Mother's Maiden Name Delia Plater Mother's Birthplace Baltimore, Md.

Name of person giving Information Sol. Jackson How related to deceased Father -

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

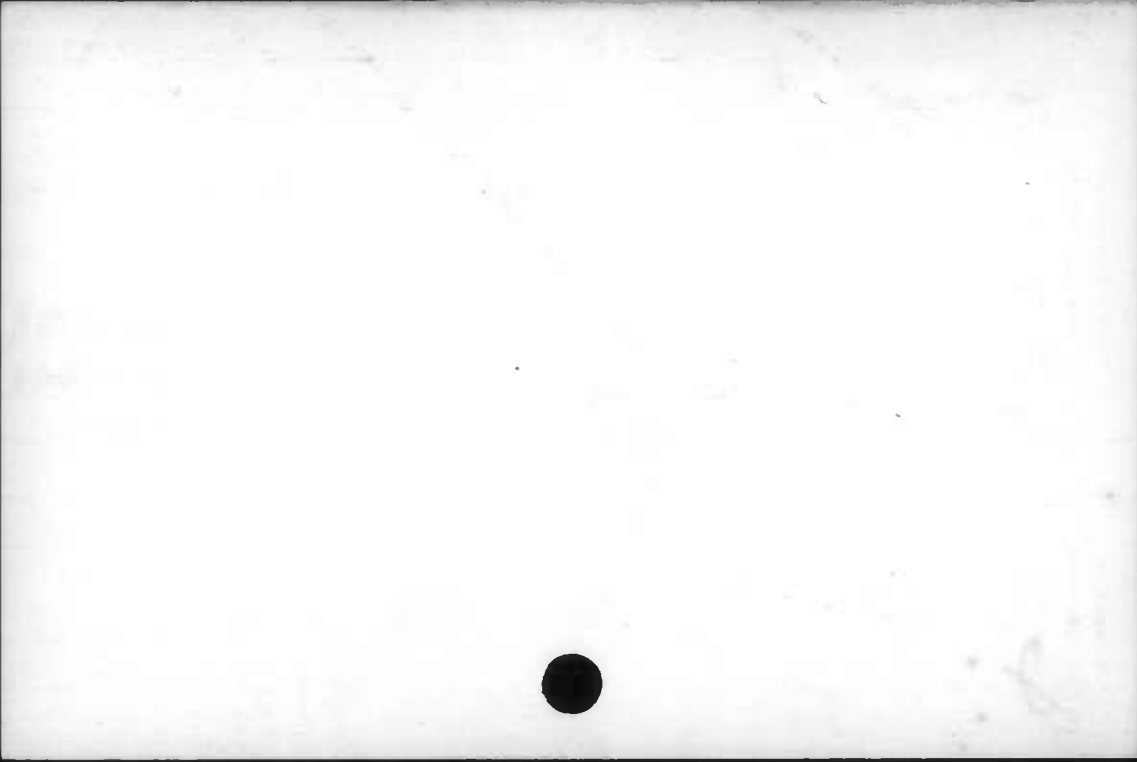
Primary Cholera Infantum - How long 3 weeks

Immediate Exhaustion. How long Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician James S. Billingslea - M.D.
Address Armiger
Md.

Accident or Suicide No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

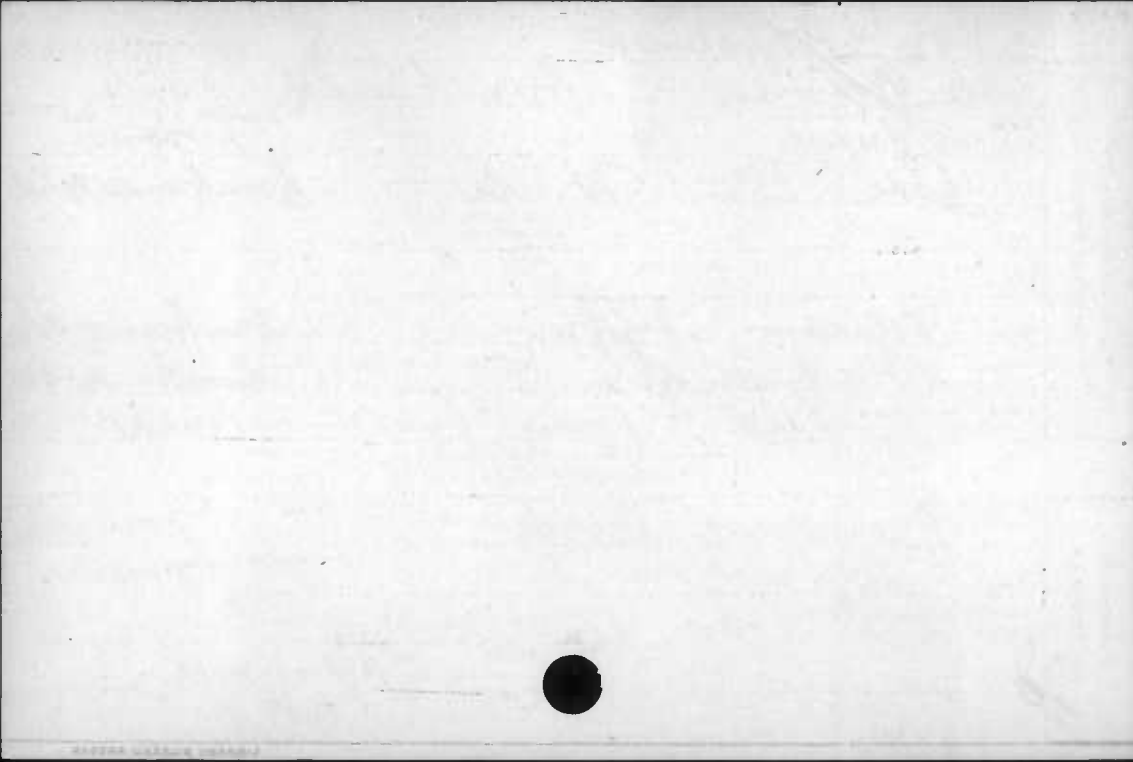
Died at <i>New Harman</i> Town		<i>Jeffrey</i> County		MARYLAND	
Date of death	<i>1909</i> Year	<i>July</i> Month	<i>19</i> Day	Age	<i>15</i> Months <i>15</i> Days
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Anne Arundel Co Md</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>William P. Jeffrey</i>		Father's Birthplace <i>Anne Arundel Co Md</i>	
Mother's Maiden Name		<i>Ina Boyer</i>		Mother's Birthplace <i>Anne Arundel Co Md</i>	
Name of person giving information		<i>Lila Jeffrey</i>		How related to deceased <i>Aunt</i>	

CAUSES OF DEATH

(151)

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth</i>	How long	<i>15 min</i>
Immediate	<i>Debility</i>	How long	<i>15 min</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. R. Robinson M.D.</i>	
<i>yes</i>		Address <i>Wanover</i>	
Accident or Suicide?		<i>no</i>	



Name
in
Full

NY Christened

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

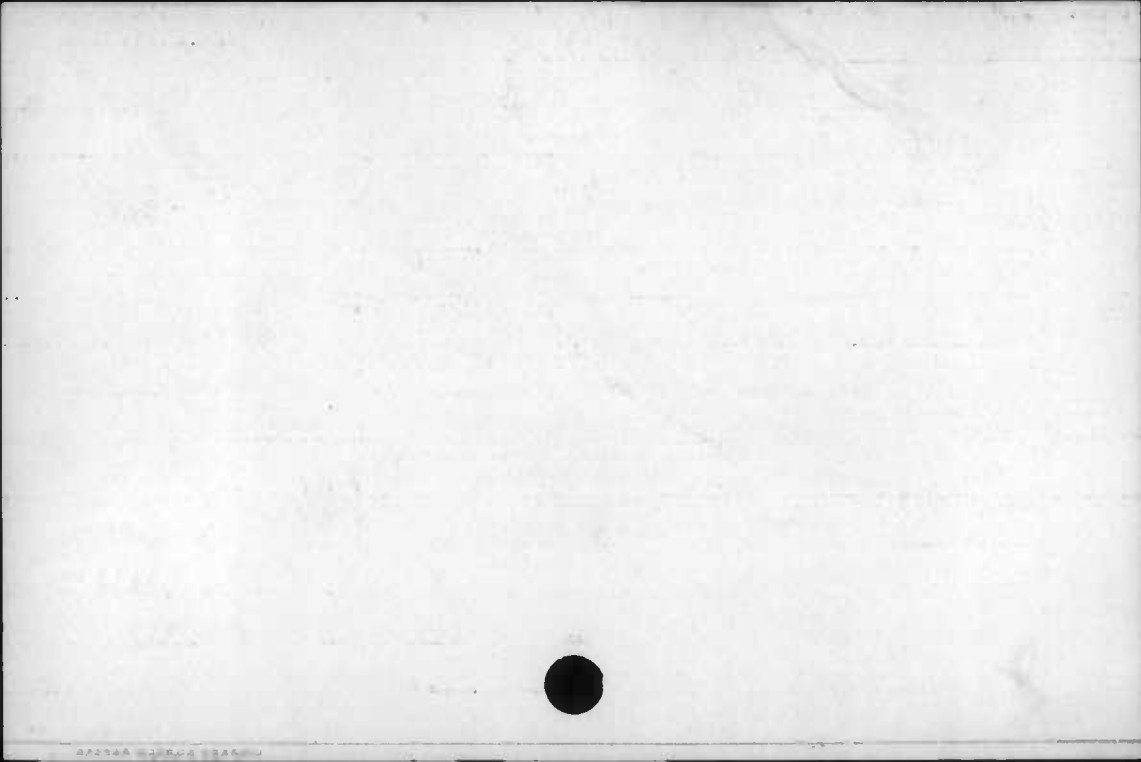
Died at <i>near Harman</i> Town		<i>Jeffrey</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>July</i>	Day <i>19</i>	Age <i>7</i>	Months <i>7</i> Years <i>months</i> Days <i>hours</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Amesbury Mass</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>William T. Jeffrey</i>			Father's Birthplace <i>Amesbury Mass</i>		
Mother's Maiden Name <i>Fred Boyer</i>			Mother's Birthplace <i>Amesbury Mass</i>		
Name of person giving information <i>Ilda Jeffrey</i>			How related to deceased <i>Aunt</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>7 hours</i>
Immediate <i>Debility</i>	How long <i>7 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. R. Winkerson MD</i>
	Address <i>Hanover Mass</i>
Accident or Suicide?	



Name in Full		Charlotte Johnson				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at	Harwood		Town	Calvert Co., Md		COUNTY		MARYLAND		
	Date of death	1909	July	Month	30	Day	Age	55	Years	Months	Days
	Sex	Female		Color or Race	Colored		Birth-place	Calvert Co., Md			
	Occupation	None		Where Residing if not at place of death							
	Married, Single or Widowed	Married		Name of Wife or Husband		James Johnson					
	Father's Name	William Curtiss					Father's Birthplace	Calvert Co., Md			
	Mother's Maiden Name	Tanya Howard					Mother's Birthplace	Calvert Co., Md			
	Name of person giving information	Thomas Sheeps					How related to deceased	Son			
<div style="text-align: center;">CAUSES OF DEATH</div>											
PHYSICIAN OR CORONER	Primary	Carcinoma of Stomach					How long	40			
	Immediate	Uremia					How long	don't know			
	Are the name, age, sex, color, date and place correctly given above?					YES					
	Signature of Physician					Maslam Cawood, M.D.					
	Address					West River Md					
<div style="text-align: center;">Accident or Suicide?</div>											



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Johnson*

Died at *Rock Creek 3^d Dis* *Alma* *Bruner* *MARYLAND*

Date of death 190 *9* *July* *6* *th* *Age* *about 17* *Months* *Days*

Sex *Male* Color or Race *Caucasian* Birth-place *Baltimore City*

Occupation *Clerk in Store* Where Residing if not at place of death *Baltimore City* *32nd City Market St.*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Unknown* Father's Birthplace *Germany*

Mother's Maiden Name *—* Mother's Birthplace *Germany*

Name of person giving Information *Rev J. Hoffman D.D.* How related to deceased *Pastor*

CAUSES OF DEATH *172*

PHYSICIAN
OR CORONER

Primary *Drowning* How long *Instant*

Immediate *Drowning (Accidental)* How long *Instant*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. S. D. D. D.*

Address *Station R. F. D. No 1*

Accident or Suicide *Accident*



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

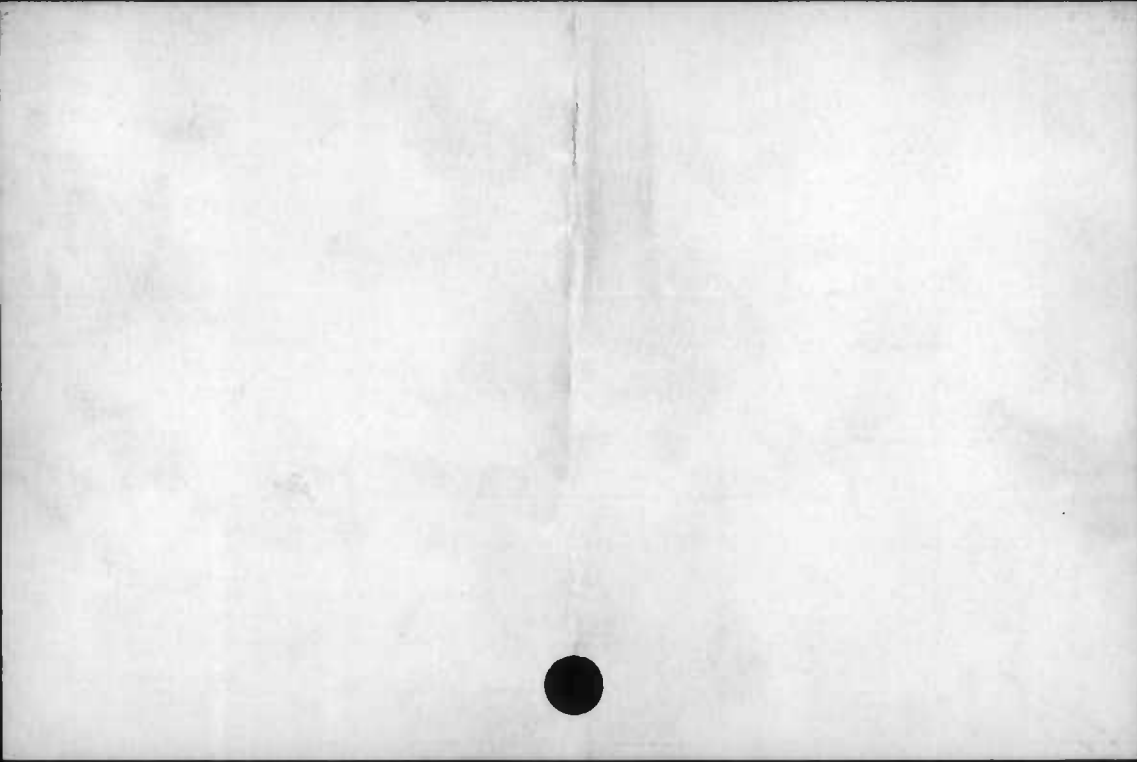
Died at <i>Friendship</i> ^{Town}		<i>King</i> ^{County}		MARYLAND	
Date of death	1909	Month	July	Day	12
Age	Years		3	Months	28
Sex	Male		Color or Race	White -	
Occupation			Birth-place	Friendship	
Married, Single or Widowed			Name of Wife or Husband		
Single					
Father's Name			Father's Birthplace		
John King			Md		
Mother's Maiden Name			Mother's Birthplace		
Lda Stalling			Md		
Name of person giving information			How related to deceased		
John King Jr			Father		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>Life</i>
Immediate	<i>Asthma</i>	How long	<i>Several days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>L. Brayshaw</i>	
Address		<i>Friendship</i>	
Accident or Suicide?		<i>Md</i>	



Name
in
Full

Davidson

Kletz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

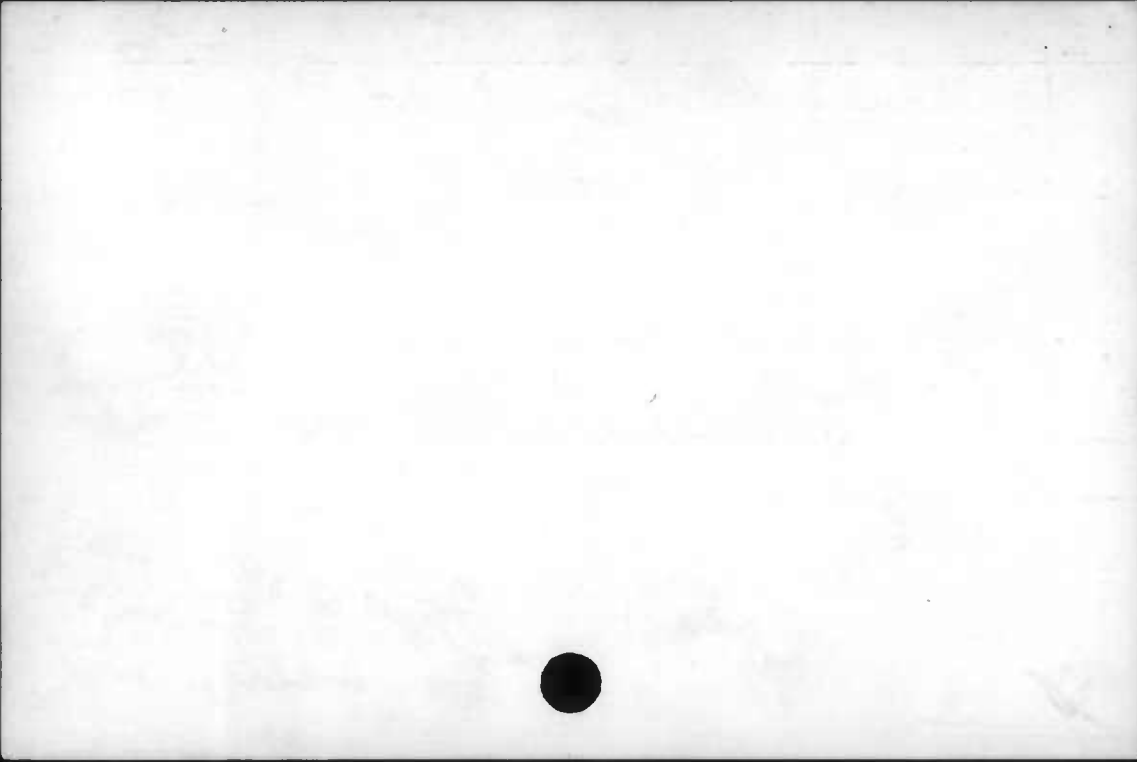
Died at <i>Davidsonville</i>		County <i>A. D.</i>		MARYLAND	
Date of death	1909	Month <i>July</i>	Day <i>21</i>	Age <i>20</i>	Years <i>17</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>None</i>		Birth-place	<i>Davidsonville</i>	
Where Residing if not at place of death			<i>Davidsonville</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>None</i>	
Father's Name	<i>Michael Kletz</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Annie Romanick</i>			Mother's Birthplace	<i>Austria</i>
Name of person giving Information	<i>Michael Kletz</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Unknown</i>	How long	<i>from birth</i>
Immediate		How long	
Are the name, age, sex, color, data and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>D. R. Davidson</i>
		Address	<i>Davidsonville, Md.</i>
Accident or Suicide			



Name
in
Full

Stoklecyan Korytkowski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

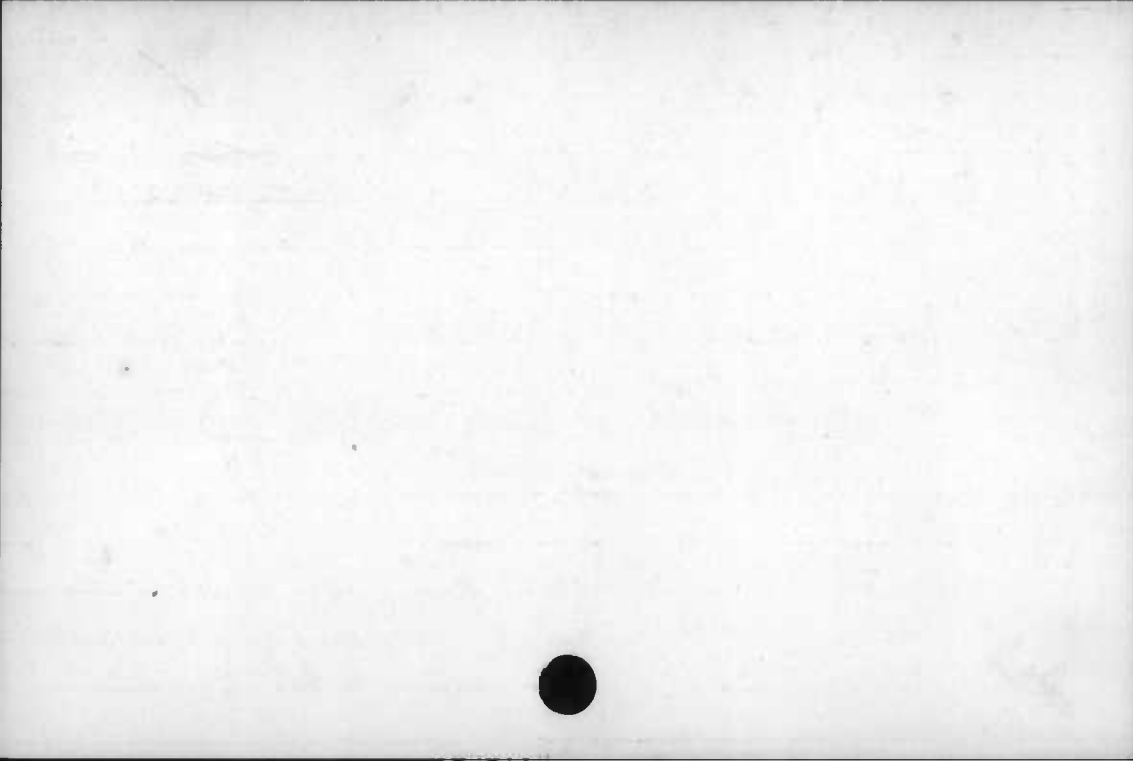
Died at		Town		County		State	
So. Baltos.		a.a.				MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1909	July	18	1		4		
Sex	Color or Race		Birth-place				
male	white		Baltos, Md				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Father's Birthplace				
Wladislaw Korytkowski			Poland				
Mother's Maiden Name			Mother's Birthplace				
Annie Levandowski			Poland				
Name of person giving information			How related to deceased				
Wladislaw Korytkowski			Father				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	How long	
Enterocolitis	3 days	
Immediate	How long	
Enterocolitis	3 days	
Are the name, age, sex, color, date and place correctly given above?	yes	
Signature of Physician	J. B. Horton M.D.	
Address	So. Baltos, Md	
Accident or Suicide		



Name
in
Full

Frederick Kruse

CERTIFICATE OF DEATH

Died at

Pasadena.

County

Anne Arundel

MARYLAND

Date

of death

1909

Month

July

Day

18

Years

Age

69

Months

Days

Sex

Male

Color or
Race

German

Birth-
place

Germany

Occupation

Farming

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Kruse

Father's
Name

Frederick Kruse

Father's
Birthplace

Germany

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Germany

Name of person giving
Information

Mrs Kruse

How related
to deceased

Wife

CAUSES OF DEATH..

79

Primary

Mitral Insufficiency

How long

2 or 3 years

Immediate

Heart Failure

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

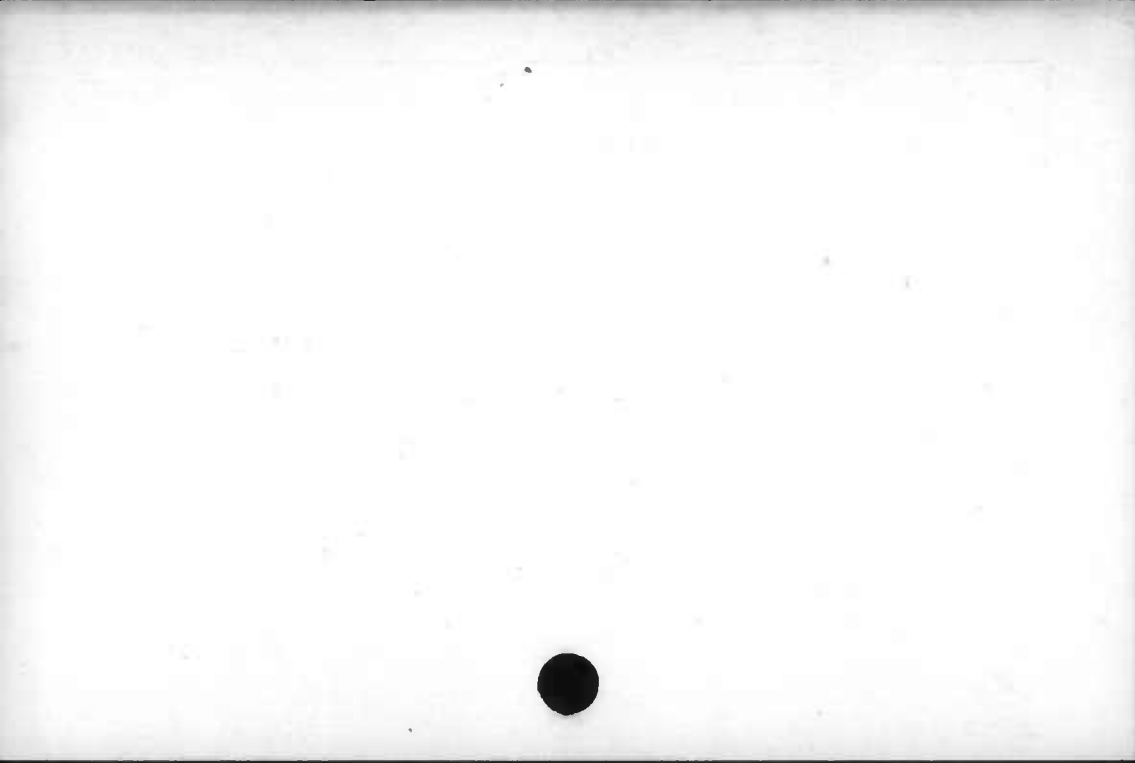
James S. Billingsley M.D.
Elrator R. F. D. #1

Accident or Suicide

No

2nd

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

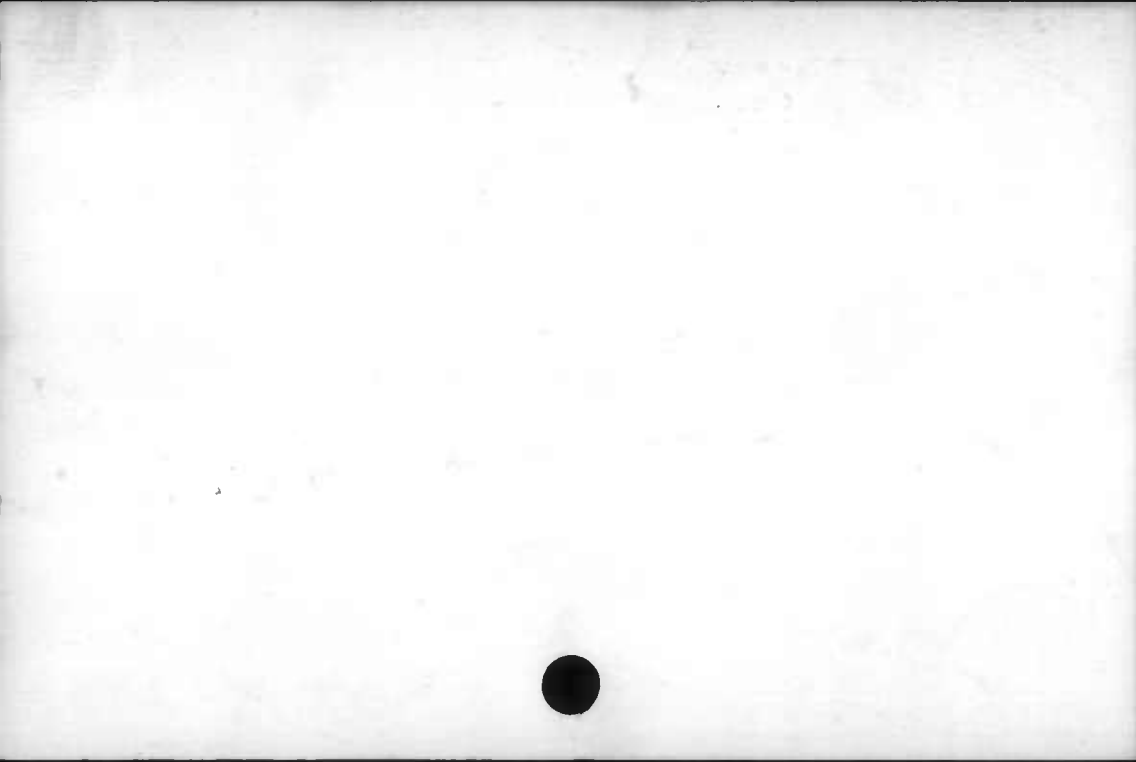
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Hopkins Latimer</i>		Town <i>Naturell</i>		County <i>Anne Arundel</i>		MARYLAND					
Died at		Month <i>July</i>		Day <i>17</i>		Years <i>52</i>		Months <i>—</i>		Days <i>—</i>	
Date of death <i>1909</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Virginia</i>		Occupation <i>Night Watchman</i>		Where Residing if not at place of death <i>Baltimore, Md.</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Jane Latimer</i>		Father's Name <i>Charles Wesley Latimer</i>		Father's Birthplace <i>Unknown</i>		Mother's Maiden Name <i>Mary</i>		Mother's Birthplace <i>Unknown</i>	
Name of person giving Information <i>Mary Jane Latimer</i>		How related to deceased <i>wife</i>		27							

CAUSES OF DEATH

Primary <i>Chronic rheumatism with</i>		How long <i>Several months</i>	
Immediate <i>probable tuberculosis</i>		How long	
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician <i>A. H. Perrie</i>	
Address <i>McKendree, Md.</i>		Accident or Suicide	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Georgia Mackel.

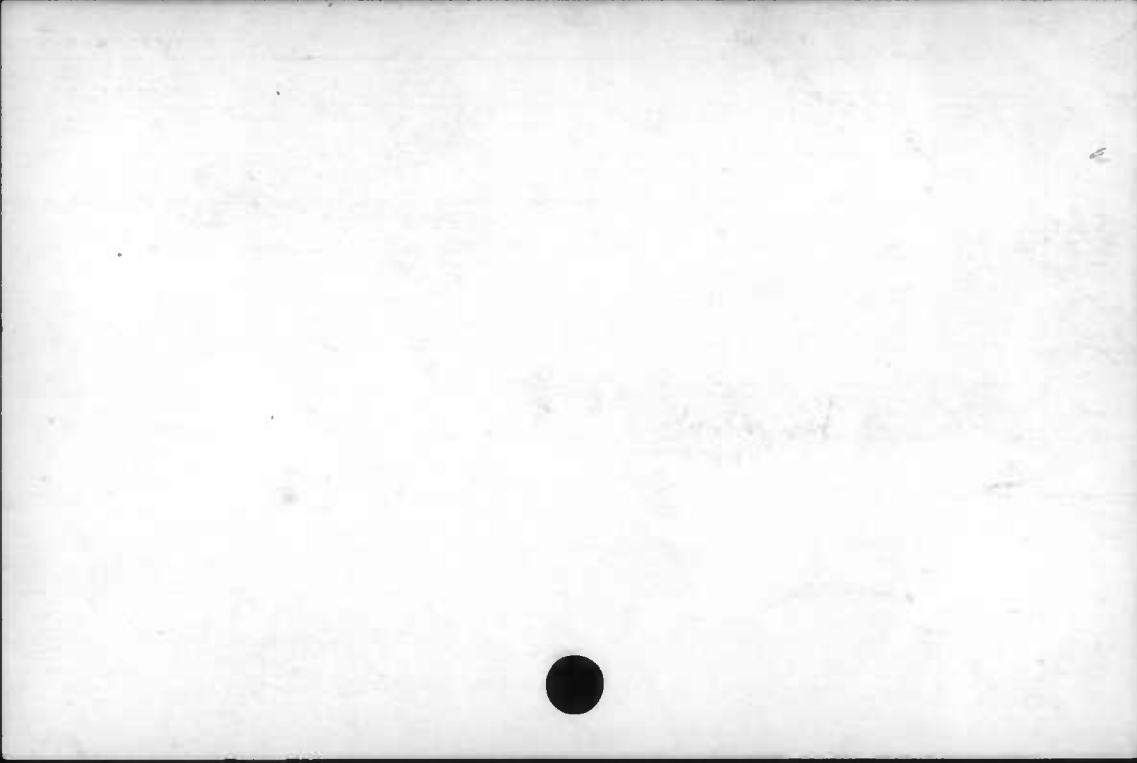
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		July	3	Age	29		
Sex	Female		Color or Race	Color		Birth-place	Edgely & High
Occupation	Nurse. wife.			Where Residing if not at place of death		—	
Married, Single or Widowed	Married		Name of Wife or Husband	Samuel Mackel			
Father's Name	Joshua. Hansen				Father's Birthplace	Edgely & High	
Mother's Maiden Name	Hanna, Jennins				Mother's Birthplace	South river	
Names of person giving Information	Samuel Mackel				How related to deceased	Husband	

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary	Mania	How long	14 days.
Immediate	Paralysis	How long	2. days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
8		J. H. Brown, M.D.	
Accident or Suicide		Address	
—		Marly. County	
		M.D.	



Name
in
Full

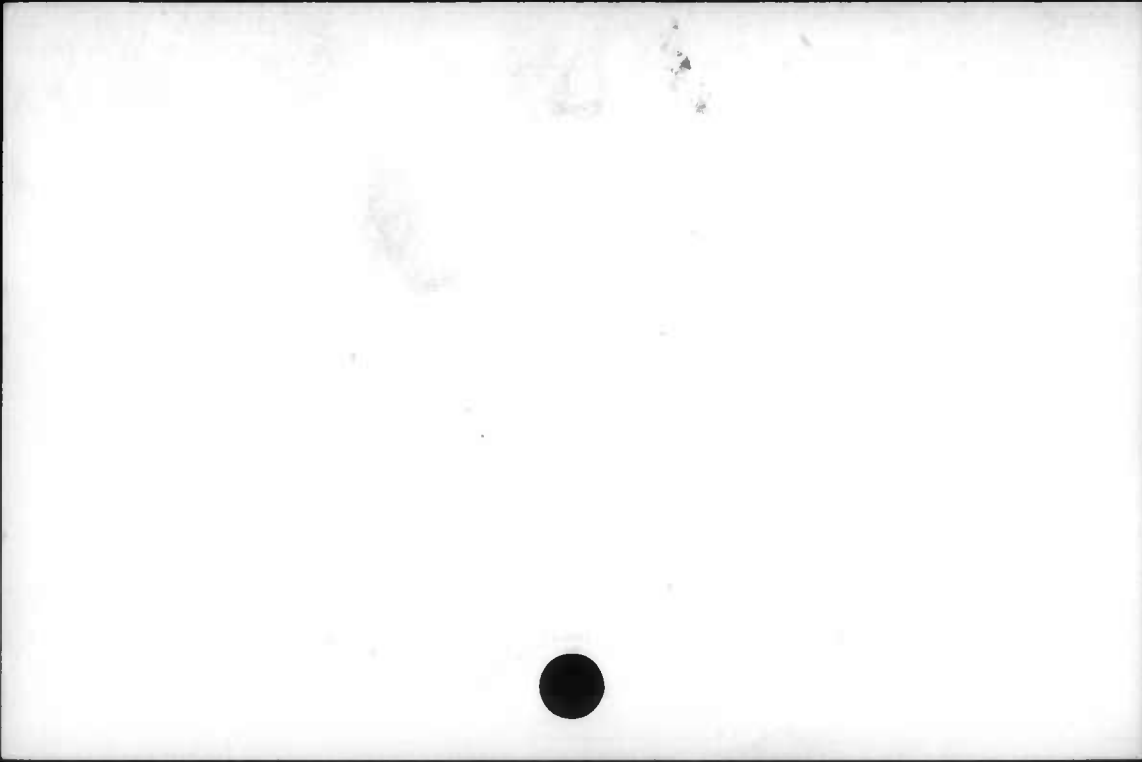
Eveline Marshall

CERTIFICATE OF DEATH

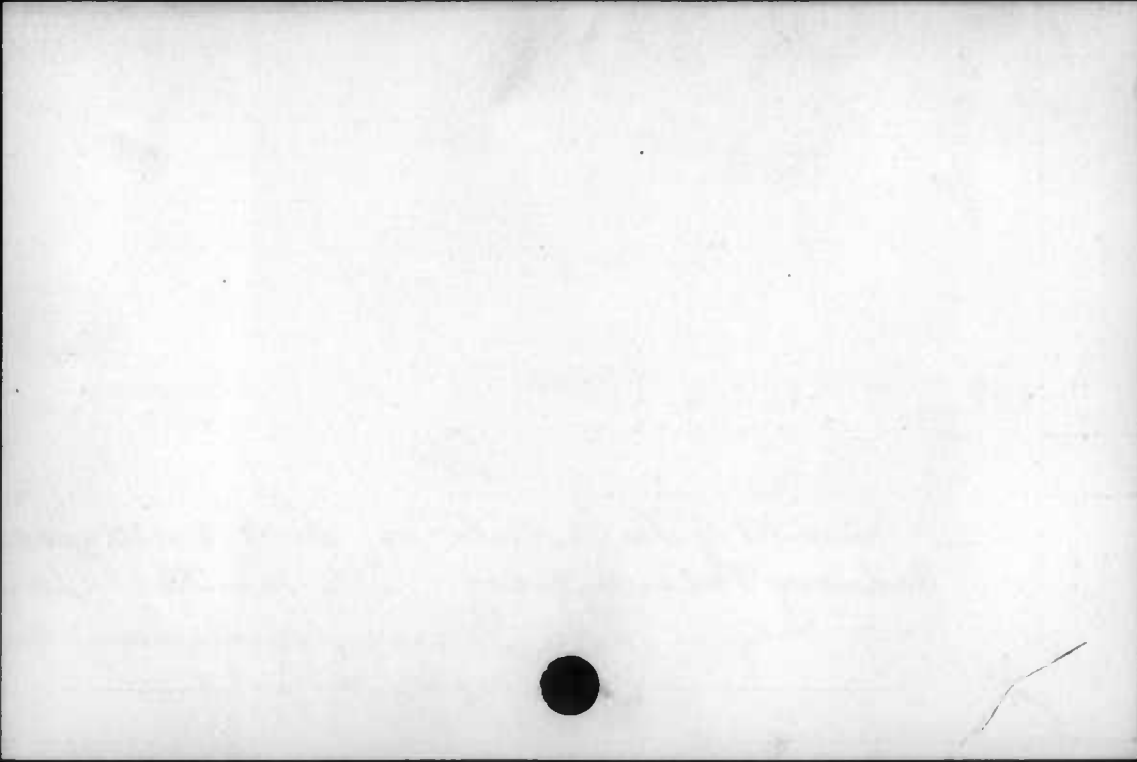
TO BE ANSWERED BY
NEAREST FRIENDDied at Seale ^{Town} Anne Arundel ^{County} MARYLANDDate of death 1909 ^{Month} July ^{Day} 4 ^{Years} 0 ^{Months} 3 ^{Days} 3Sex Female Color or Race White Birth-place Seale, MdOccupation None Where Reiding if not et place of death —Marriad, Single or Widowed Single Name of Wife or Husband —Fathar's Name Morris Marshall Father's Birthplace MdMother's Maiden Name Volletta Rogers Mother's Birthplace MdNama of person giving Information Morris Marshall How related to deaceded Father

CAUSES OF DEATH

Primary Cholera Infantum 105 ^{How long} 3 daysImmediate Exhaustion 4 hours ^{How long}Are the nama, age, aex, color, date and place correctly given ebova? yes Signature of Physician Geo. F. Lent M.D.Address ChurchtonAccident or Suicide —PHYSICIAN
OR CORONER



Name In Full		Ralph Marton				CERTIFICATE OF DEATH			
		Town		County		MARYLAND			
Died at		Jessup		Anne Arundel					
Date of death		190	9 July	30	Age	30	Months	Days	
Sex		Male		Color or Race		White		Birth-place	
Occupation		Laborer		Where Residing if not at place of death		at place of death.			
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		Unknown				Father's Birthplace			
Mother's Maiden Name		Unknown				Mother's Birthplace			
Name of person giving information		J. H. Drury				How related to deceased			
						Not at all			
		CAUSES OF DEATH				27			
Primary		Tuberculosis				How long			
						4 mos.			
Immediate						How long			
Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician			
						J. H. Drury			
Accident or Suicide?		No				Address			
						Laurel, Md.			



Name
in
Full

Rex H. J. Marzestki

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Curtis Bay ^{Town}		A. A. ^{County}		MARYLAND	
Date of death 1909	Month July	Day 29	Age 39 ^{Years}	Months 7	Days —
Sex Male	Color or Race W.		Birth-place Germany.		
Occupation R.C. Priest			Where Residing if not at place of death		
Married Single Single			Name of Wife or Husband —		
Father's Name Frank Marzestki.			Father's Birthplace Germany.		
Mother's Maiden Name Katie Lewandowski.			Mother's Birthplace		
Name of person giving information M. G. Sudowski.			How related to deceased Friend		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis	How long about 8 or 10 years
Immediate Miliary Tuberculosis	How long 2 months 20 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Morris Abramowitz, M.D.
	Address 1707 E. Balto St. Balto. Md.
Accident or Suicide? no	



Name
in
Full

CERTIFICATE OF DEATH

Unnamed Infant - Mason

Town

County

MARYLAND

Died at Armiger

Anne Arundel

Date

of death

1909

Month

July

Day

5

Age

Years

Months

Days

8

Sex

Male

Color or
Race

Colored

Birth-
place

Anne Arundel Co.

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HuabandFather's
Name

John Henry Mason -

Father's
Birthplace

Virginia

Mother's
Maiden Name

Bernie Leats -

Mother's
Birthplace

Baltimore Md

Name of person giving
Information

John Henry Mason -

How related
to deceesed

Father

CAUSES OF DEATH

151

Primary

Congenital Debility

How long

8 days

Immediate

How long

Are the name, age, sex, color, date
end place correctly given above?

Yes

Signature of
Physician

James S. Billingsley M.D.

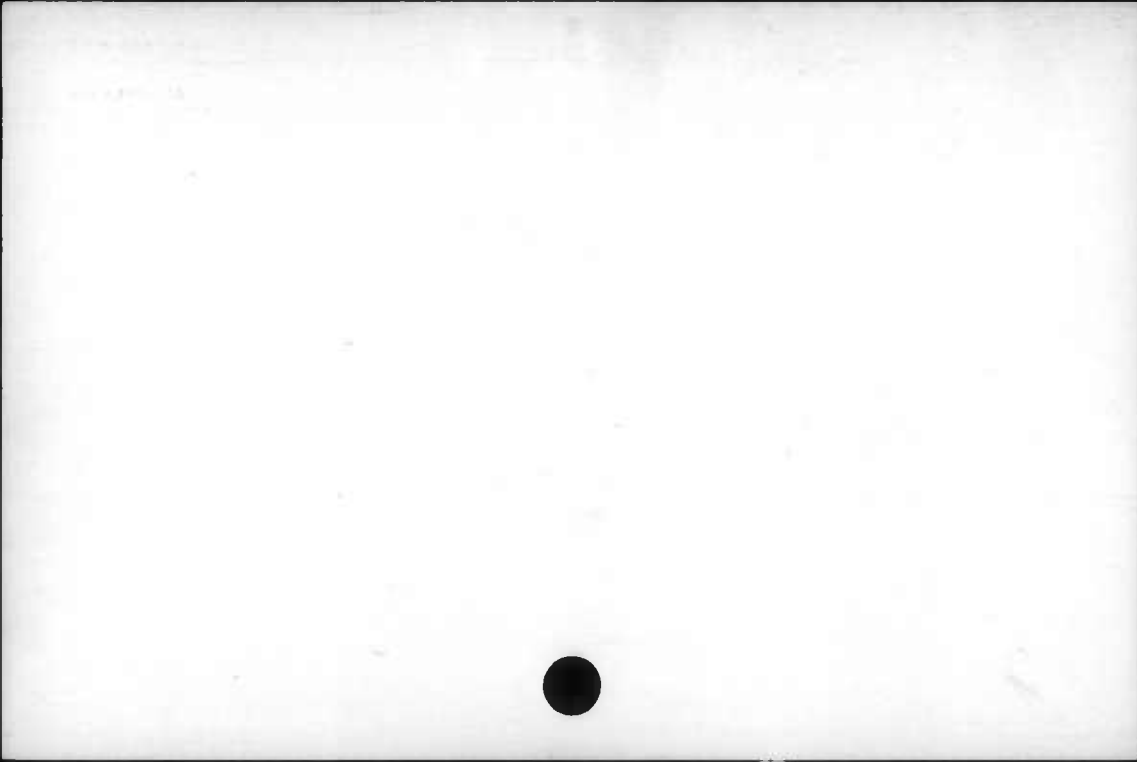
Address

Subregistration 3rd dist. G.G. Co

Accident or Sulcide

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Name in Full Edward Bishop Mason		Town annaapolis		County a. a.		MARYLAND	
Died at annaapolis		Month July		Day 3		Years 3	
Date of death 1909		Age 3		Months 3		Days —	
Sex Male		Color or Race Colord		Birth-place annaapolis			
Occupation unknown		Where Residing if not at place of death 102. Lincoln Place					
Married, Single or Widowed unknown		Name of Wife or Husband unknown					
Father's Name Edward Mason		Father's Birthplace Washington D.C.					
Mother's Maiden Name Annie Hutton		Mother's Birthplace annaapolis					
Name of person giving Information Annie Kirby		How related to deceased Mother					

Ridout

CAUSES OF DEATH

179

St. Marys Cent.

Primary

Malaria
Exhaustion

How long

How long

Since birth
Gradual

Are the name, age, sex, color, data and place correctly given above?

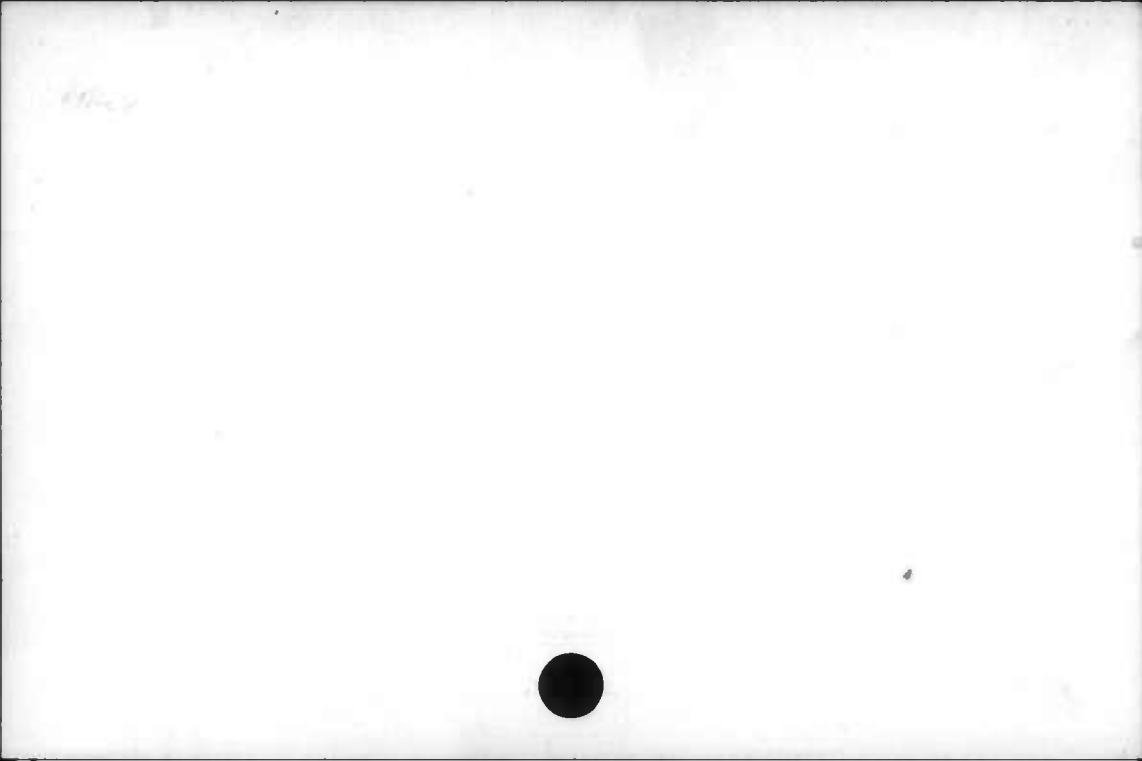
Yes

Signature of Physician

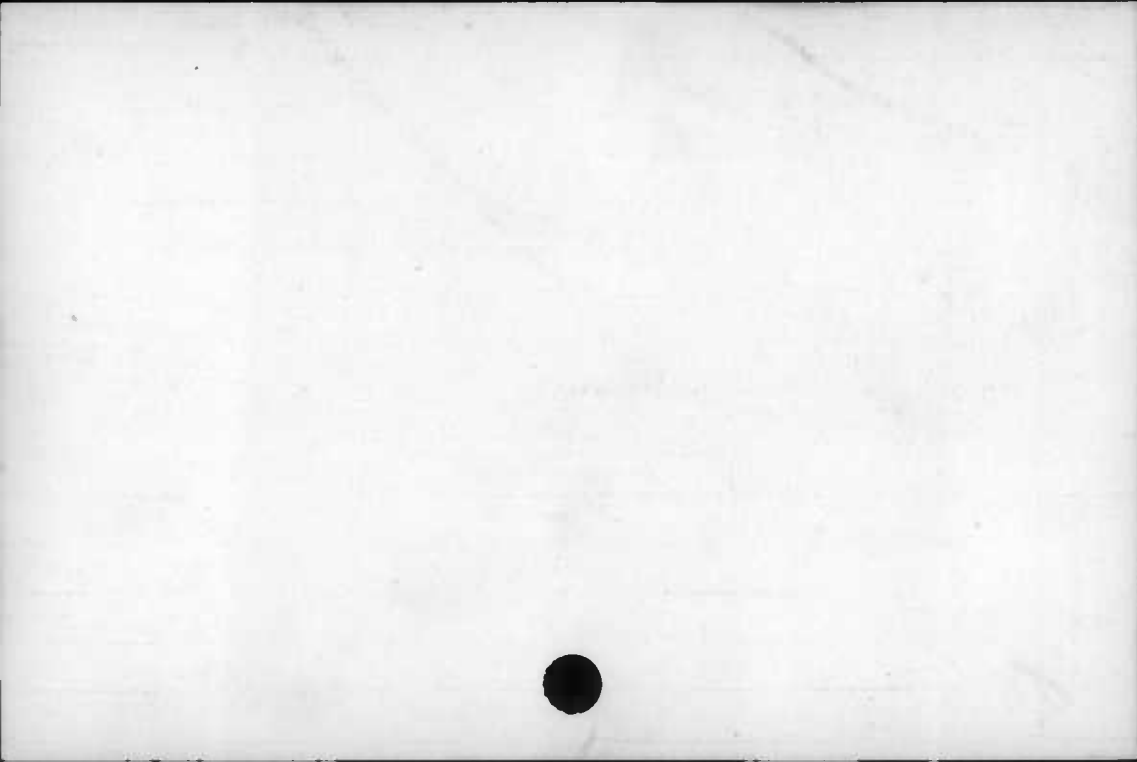
Address

John Ridout
Annapolis
Md.

Accident or Suicida



Name in Full Abraham Max		CERTIFICATE OF DEATH	
Died at Curtis Bay <small>Town</small>		Calvert <small>County</small>	
Date of death 1905 <small>Month 7 Day 7</small>		Age 9 <small>Years 9 Months 9 Days</small>	
Sex Male		Color or Race White	
Occupation —		Birth-place Md	
Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —	
Father's Name Ruben Max		Father's Birthplace Rus	
Mother's Maiden Name Ida Spetka		Mother's Birthplace Rus	
Name of person giving information Ruben Max		How related to deceased Father	
CAUSES OF DEATH		105	
Primary Enteritis		How long 2 weeks	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Chas H Brown	
Address			
Accident or Suicide?			



Name
in
Full

Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

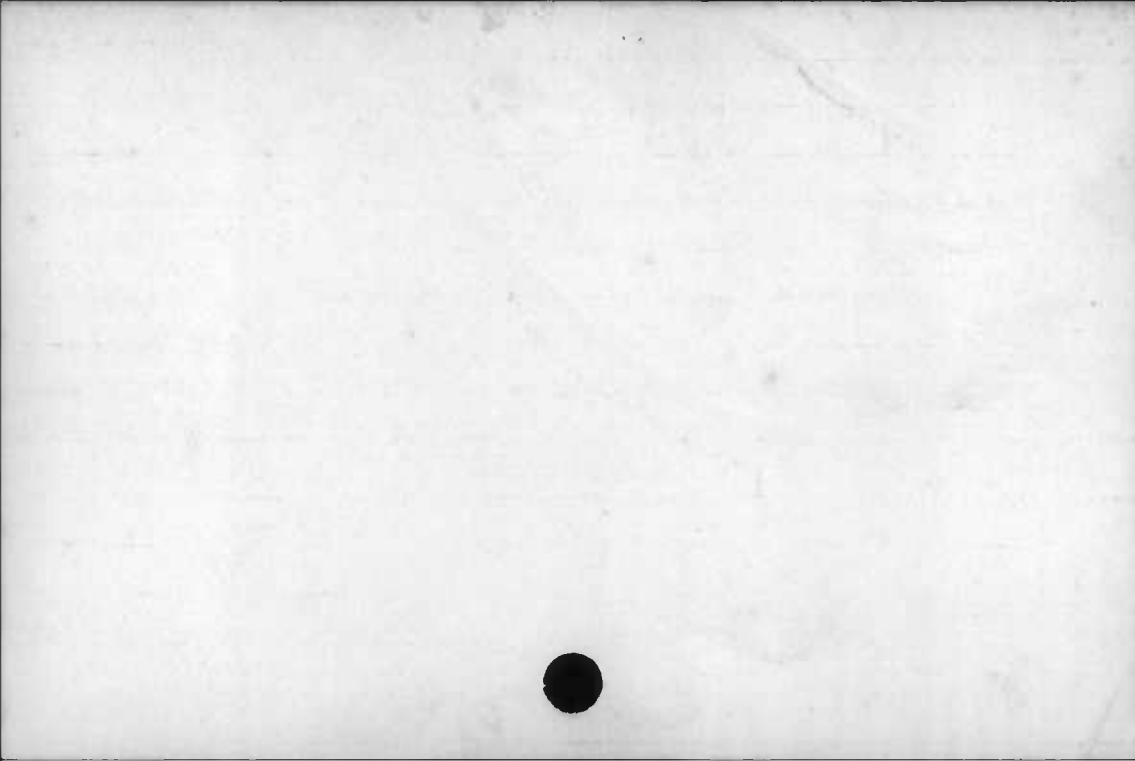
Died at <i>Harmans</i>		Town		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>July</i>		Day <i>5</i>		Age <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Harmans</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Days <i>3</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Charles Miller</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Elizabeth Eden</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Chas Miller</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

150 ✓

PHYSICIAN
OR CORONER

Primary	<i>Congenital deformity</i>	How long	<i>3 days</i>
Immediate	<i>Convulsions</i>	How long	<i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. H. Hammond</i>	
<i>J</i>		Address <i>—</i>	
Accident or Suicida? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Annie R. Mitchell* Town *Annapolis* County *D. A.*

Died at *Annapolis* Month *July* Day *22* Age *69* Months *1* Days *14*

Date of death *1909 July 22*

Sex *Female* Color or Race *White* Birth-place *Baltimore Md.*

Occupation *House Wife* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *William J. Mitchell*

Father's Name *John Riley* Father's Birthplace *Unknown*

Mother's Maiden Name *Mary A. Cox* Mother's Birthplace *Unknown*

Name of person giving Information *Carrie Mitchell* How related to deceased *Daughter-in-law*

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary *Dysentery* How long *One week*

Immediate *" "* How long *" "*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Henry Purvis*

Address *Annapolis Md.*

Accident or Suicidal *no*



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Leon Munson

Died at Annapolis Md.

Town

County

Anne Arundel

MARYLAND

Date of death 1909 July

Month

Day

3

Age

Years

Months

2

Days

Sex male

Color or Race

white

Birth-place

Glenburnie Md.

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Robt. C. Munson

Father's Birthplace

Gloucester N. J.

Mother's Maiden Name

Anna F. ~~Munson~~ Casey

Mother's Birthplace

Annapolis Md.

Name of person giving Information

Robt C Munson

How related to deceased

Father

CAUSES OF DEATH

Primary

Capillary Bronchitis

How long

How long

5 days

Immediate

Apnoea

Are the name, age, sex, color, date and place correctly given above?

yes

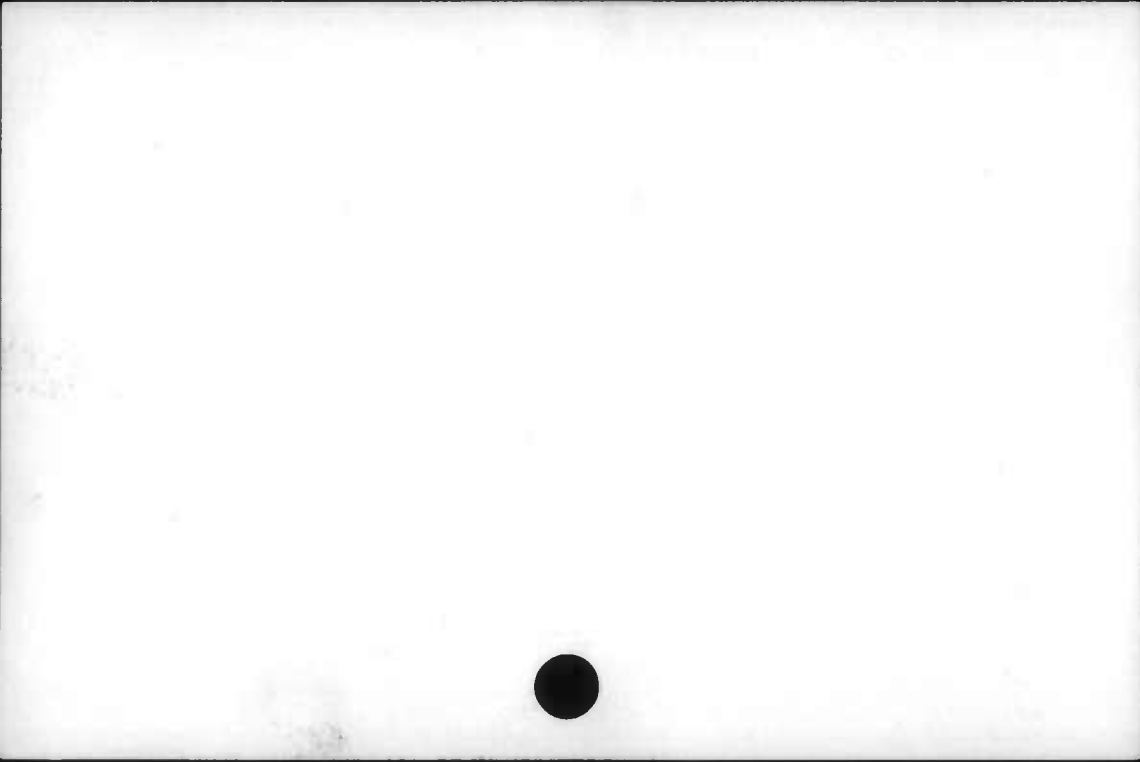
Signature of Physician

Address

Jms Welch
Annapolis

Accident or Suicida

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Margaret Cecelia Nayden

Town

County

Died at Annapolis

Md.

Date

of death 1909 July

Day

18

Years

Age 56

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Phila. Pa.

Occupation

House Wife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

William Nayden

Father's
Name

Michael Lafferty

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Gertrude Nayden

How related
to deceased

Daughter

CAUSES OF DEATH

112

Primary

Cirrhosis Liver

How long

2 years or more

Immediate

Asthma

How long

3 or 4 mos.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Oliver Purvis

Address

Annapolis
Md.

Accident or Suicide

no

PHYSICIAN
OR CORONER



Name
in
Full

Rachel^a Neal

CERTIFICATE OF DEATH

Died at *South River* Town *a* County *a* MARYLAND

Date of death *1909 July 16* Month *July* Day *16* Age *31* Years *6* Months *6* Days *6*

Sex *Female* Color or Race *Colored* Birth-place *Md*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *William Neal*

Father's Name *Edward Lealbert* Father's Birthplace *Md*

Mother's Maiden Name *Emme Neale* Mother's Birthplace *Md*

Name of person giving Information *Edward Lealbert* How related to deceased *Father*

CAUSES OF DEATH

27

Primary *Pulmonary tuberculosis* How long *18 months*

Immediate *Pulmonary hemorrhage* How long *+*

Are the name, age, sex, color, date and place correctly given above? *Yes*

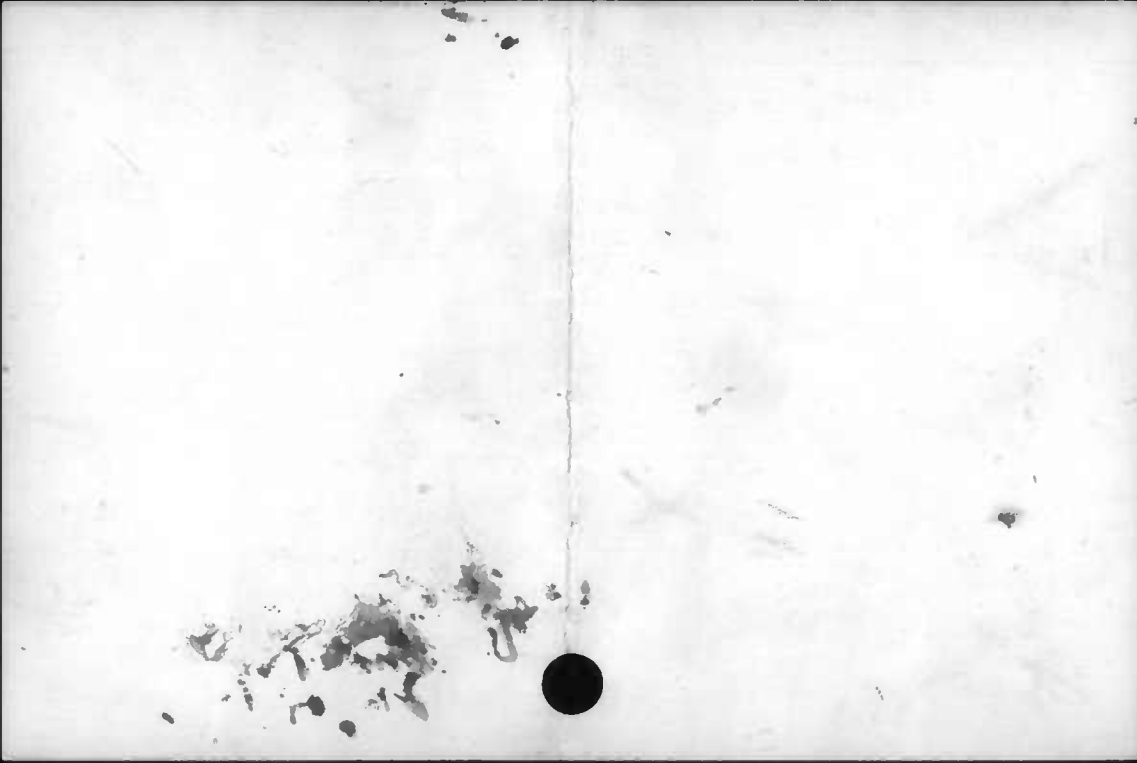
Signature of Physician *Charles Carroll MD*

Address *West River Md*

Accident or Suicide *neither*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Agness Morak

CERTIFICATE OF DEATH

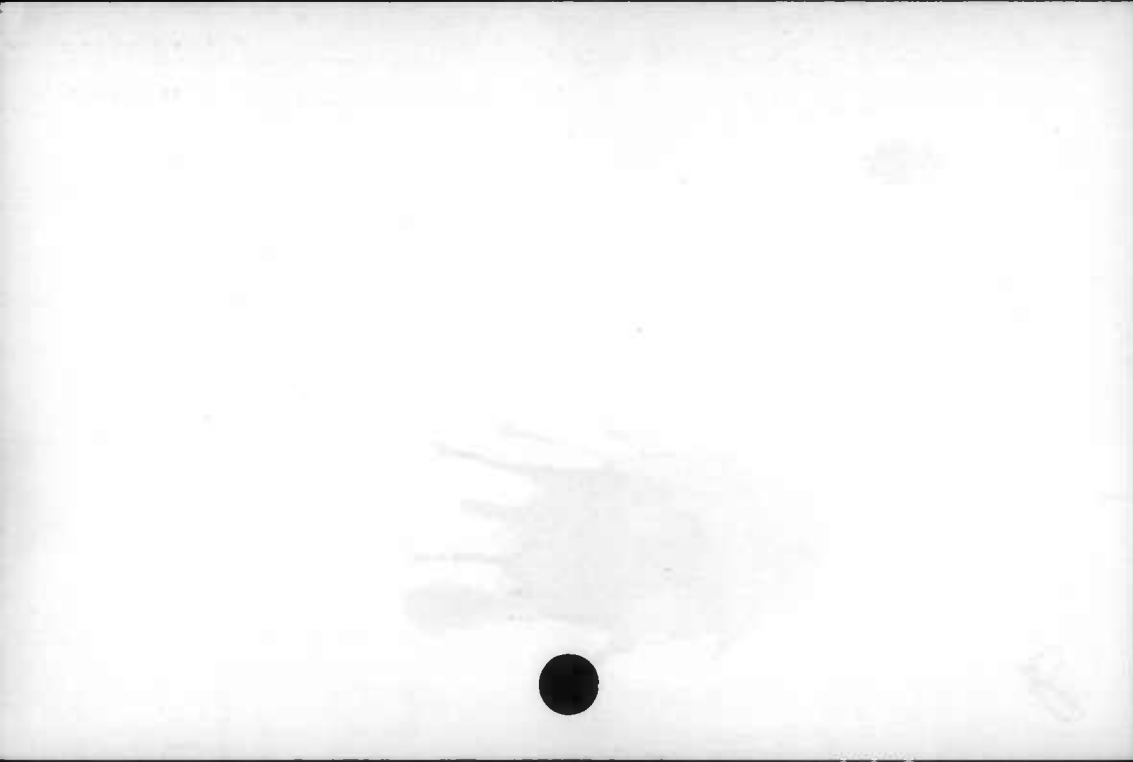
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Carleigh Heights</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>July</i>	Day <i>9</i>	Age	Months <i>8</i>	Days <i>24</i>
Sex <i>Female</i>		Color or Race <i>German -</i>		Birth-place <i>Anne Arundel Co</i>	
Occupation <i>Infant -</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Single -</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Frank Morak</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Carrie Martin</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving Information <i>Frank Morak</i>			How related to deceased <i>Father -</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>8 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James S. Bellinghale MD</i>
Accident or Suicide <i>No</i>	Address <i>Sub rogeton 312 dest. A.A.C.</i>



Name
in
Full

Child of Florence Owens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

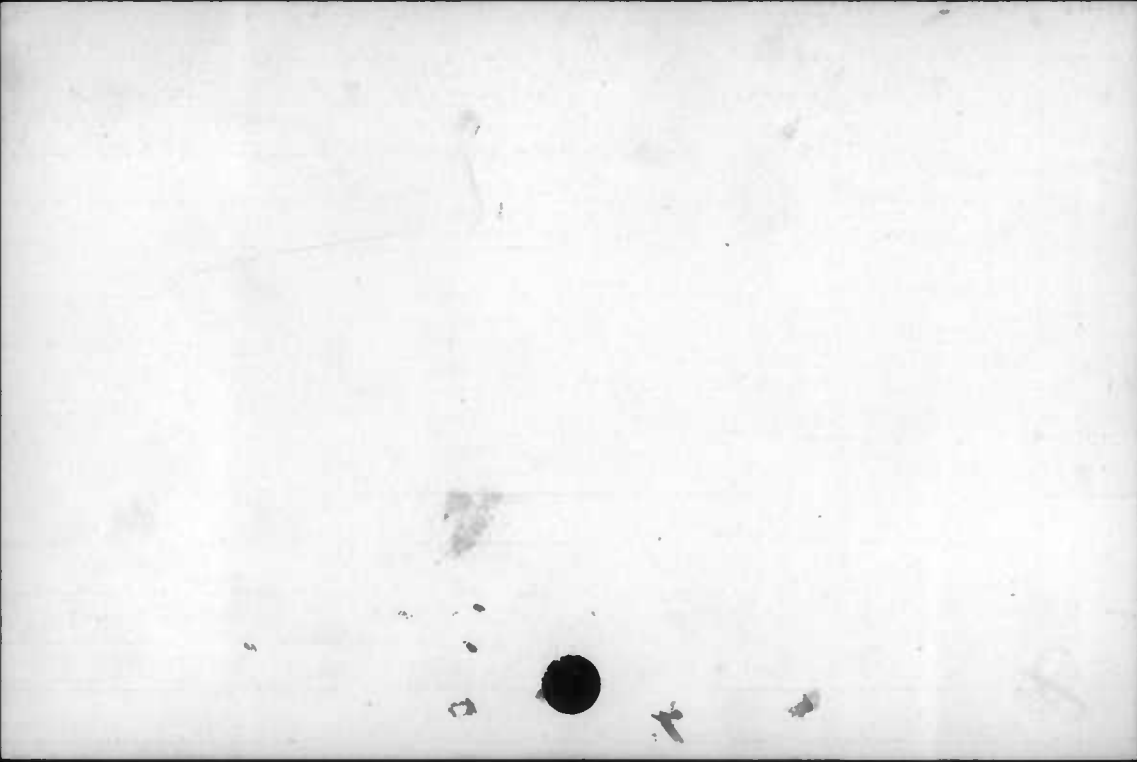
Died at <i>West River</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death	<i>1909</i> ^{Year}	<i>July</i> ^{Month}	<i>7</i> ^{Day}	Age	<i>3</i> ^{Years}
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>AA Co, Md</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Arthur Wilson</i>			Father's Birthplace	<i>AA Co, Md</i>
Mother's Maiden Name	<i>Florence Owens</i>			Mother's Birthplace	<i>AA Co, Md</i>
Name of person giving information	<i>Hosey Parker</i>			How related to deceased	<i>None</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Milk</i>	How long	
Immediate	<i>Cholera Infantum</i>	How long	<i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Maclane Cawood</i>		
<i>Yes</i>	Address <i>West River Md</i>		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Vincent Pabuncksi's

MARYLAND

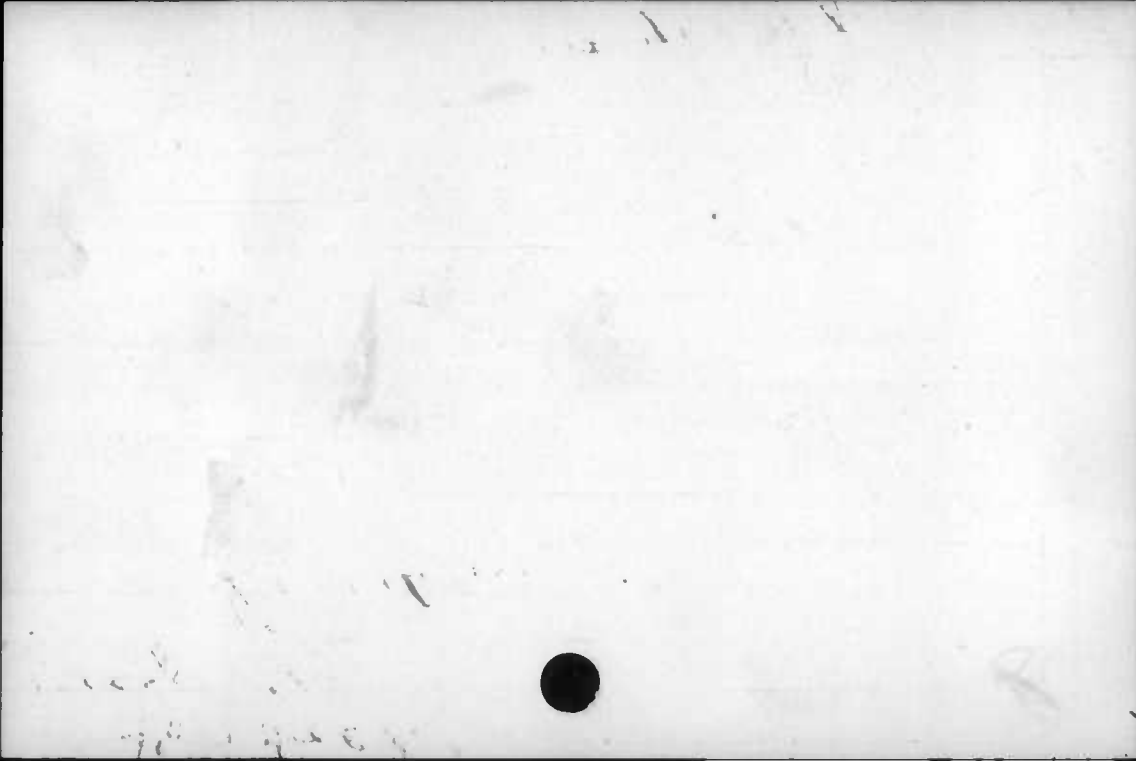
Died at *So Balti'* ^{Town}*A* ^{County}Date of death *1907* ^{Month} *July*Day *11*Age *—* ^{Years}Months *2*Days *—*Sex *Male*Color or Race *white*Birth-place *Ma*Occupation *—*Where Residing if not at place of death *—*Married, Single or Widowed *—*Name of Wife or Husband *—*Father's Name *Joseph Pabuncksi's*Father's Birthplace *Russia*Mother's Maiden Name *Lizzie Donckes*Mother's Birthplace *Russia*Name of person giving information *Lizzie Pabuncksi's*How related to deceased *Mother*

CAUSES OF DEATH

*105*Primary *Cholera Infantum*How long *2 weeks*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Geo. B. Horton MD*Address *So. Balty, Md.*Accident or Suicide? *—*



Name
in
Full

Emma Peach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Jayfordsville A. H. County MARYLAND

Date of death 190 7 July 14 Age 22 Months 7 Days 14

Sex Female Color or Race White Birth-place Pa

Occupation Housewife Where Residing if not at place of death Wm Peach

Married, Single or Widowed Single Name of Wife or Husband Wm Peach

Father's Name unknown Father's Birthplace unknown

Mother's Maiden Name unknown Mother's Birthplace unknown

Name of person giving Information Step Mother in Law How related to deceased 27

CAUSES OF DEATH

PHYSICIAN
OR CORONER

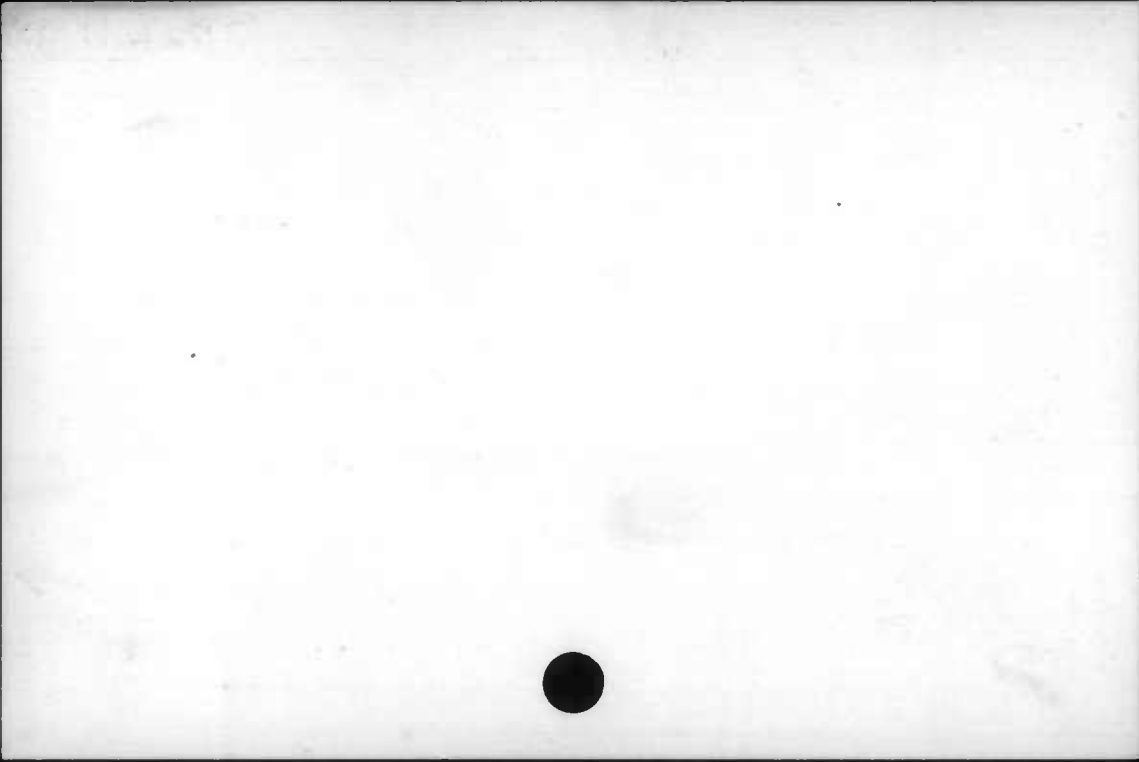
Primary Tuberculosis How long unknown

Immediate This woman came from Baltimore How long unknown

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician 3 R Davidson Address Davidsonville, Md.

Accident or Suicide No



Name
in
Full

Charles M Peters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Lothian ^{Town} AA ^{County} AA MARYLANDDate of death 1909 ^{Month} July ^{Day} 18 ^{Years} Age 7 ^{Months} 7 ^{Days}Sex Male Color or Race Color Birth-place Md.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____Father's Name William PetersFather's Birthplace MdMother's Maiden Name Sophia EvansMother's Birthplace MdName of person giving Information William PetersHow related to deceased Father

CAUSES OF DEATH

Primary

New born child - Unknown

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

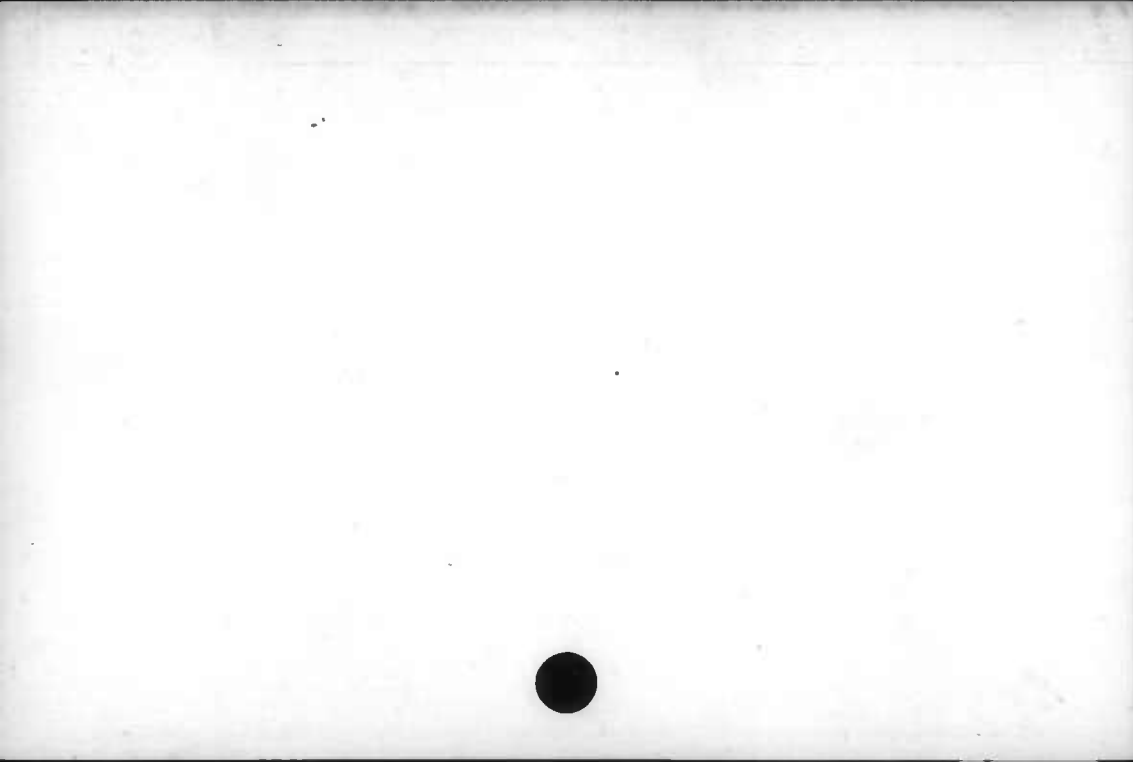
Unknown

Address

W. H. Jacob

Accident or Suicide

NeitherSub Reg.PHYSICIAN
OR CORONER



Name
in
Full

James Walter Phelps

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Odenton ^{Town}		Anne Arundel ^{County}		MARYLAND	
Date of death 1908	Month July	Day 18	Age 10 Years	Months 11	Days 7
Sex male	Color or Race white		Birth-place Maryland		
Occupation School boy			Where Residing if not at place of death _____		
Married, Single or Widowed single		Name of Wife or Husband _____			
Father's Name Arthur Franklin Phelps			Father's Birthplace Maryland		
Mother's Maiden Name Margaret L. Hood			Mother's Birthplace "		
Name of person giving information Mrs. Geo. Elliott			How related to deceased Aunt		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid fever	How long 5 weeks
Immediate perforation + shock	How long 24 hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Wm. C. Newman
J	Address Odenton Md.
Accident or Suicide? <input type="checkbox"/>	

12

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Martha A. Phipps* Town *2nd dist -* County *a a*

Died at

Date

of death

1909

Month

July

Day

27

Years

Age

46

Months

Days

Sex

*Female*Color or
Race*White*Birth-
place*Prince G. Md*

Occupation

*Housework*Where Reading if not
at place of death*2nd dist.*Married, Single
or Widowed*Married*Name of Wife or
Husband*J. Frank Phipps*Father's
Name*Edward Griffin*Father's
Birthplace*Calvert B. Md*Mother's
Maiden Name*Martha Ward*Mother's
Birthplace*Q. Q. B. Md*Name of person giving
Information*J. Frank Phipps*How related
to deceased*husband*

CAUSES OF DEATH

40

✓

Primary

Carcinoma of Stomach

How long

about 9 mos.

Immediate

Metastasis Liver + Spleen - Asthenia

How long

*about 2 mos*Are the name, age, sex, color, data
and place correctly given above?*Yes*Signature of
Physician

Address

*John Phipps
Annapolis
Maryland*

Accident or Suicida

*no*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Baby ~~Parker~~ Pointer*

Town *Annapolis Md* **County** *A. A.*

Died at *Annapolis Md*

Date of death *1909 July 9* **Age** *—* **Months** *—* **Days** *14*

Sex *Male* **Color or Race** *Colored* **Birth-place** *Annapolis*

Occupation *None* **Where Residing if not at place of death** *—*

Married, Single or Widowed *Single* **Name of Wife or Husband** *None*

Father's Name *William Pointer* **Father's Birthplace** *Annapolis*

Mother's Maiden Name *Carrie Parker* **Mother's Birthplace** *Annapolis*

Name of person giving information *John W. Parker* **How related to deceased** *Uncle*

CAUSES OF DEATH

36

PHYSICIAN
OR CORONER

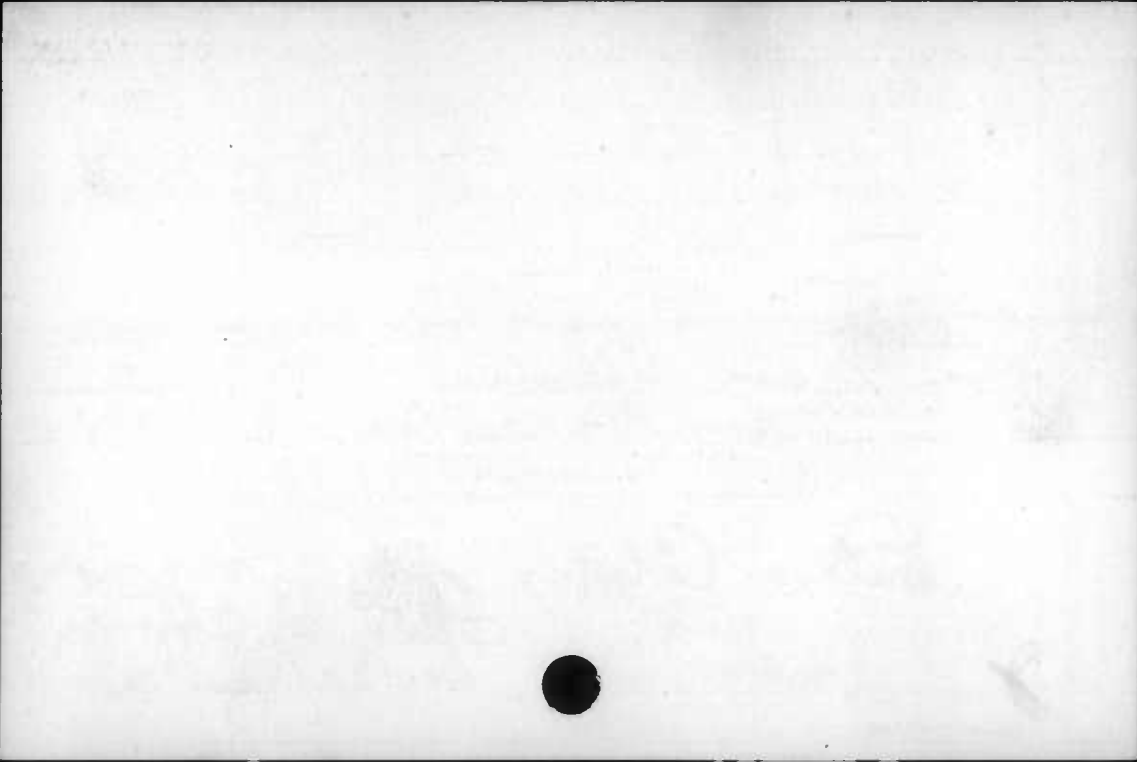
Primary *congenital Loues* **How long** *—*

Immediate *exhaustion* **How long** *gradual*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John Ridout* **Address** *Annapolis Md*

Accident or Suicide? *—*



Name
in
Full

Emma Poskavitch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

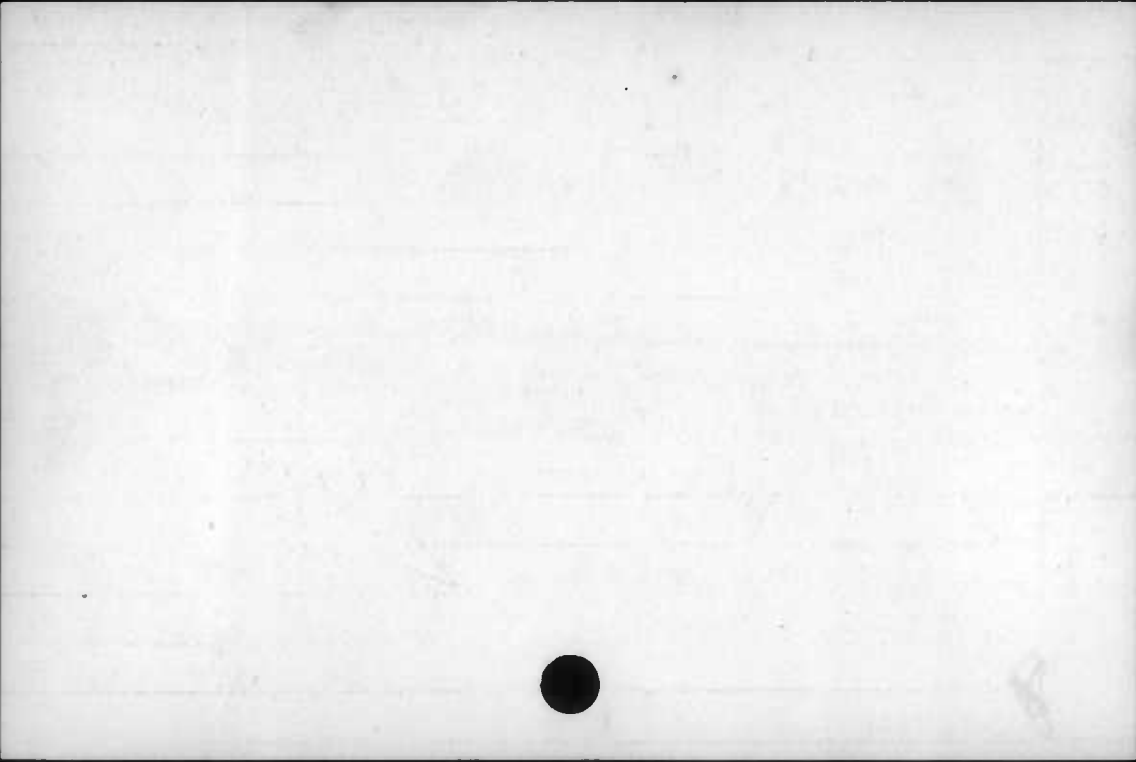
Died at <i>So. Baltg</i> ^{Town}		<i>Ad</i> ^{County}		MARYLAND	
Date of death	<i>1909</i> ^{Month}	<i>July</i> ^{Day}	<i>28</i> ^{Age}	<i>11</i> ^{Months}	<i>—</i> ^{Days}
Sex	<i>Female</i>		Color or Race	<i>white</i>	
Occupation	<i>—</i>		Birth-place	<i>So. Baltg. Md</i>	
Where Residing if not at place of death			<i>—</i>		
Married, Single or Widowed			Name of Wife or Husband		
<i>—</i>			<i>—</i>		
Father's Name			Father's Birthplace		
<i>Frank Poskavitch</i>			<i>Austria</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Mary Olenick</i>			<i>Austria</i>		
Name of person giving information			How related to deceased		
<i>Mary Poskavitch</i>			<i>mother</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>		How long	<i>2 weeks</i>
Immediate	<i>Enterocolitis</i>		How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
<i>yes</i>		<i>W. B. Horton</i>	<i>So. Baltg. Md</i>	
<input checked="" type="checkbox"/> Accident or Suicide				



Name
in
Full

Alex Quasney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

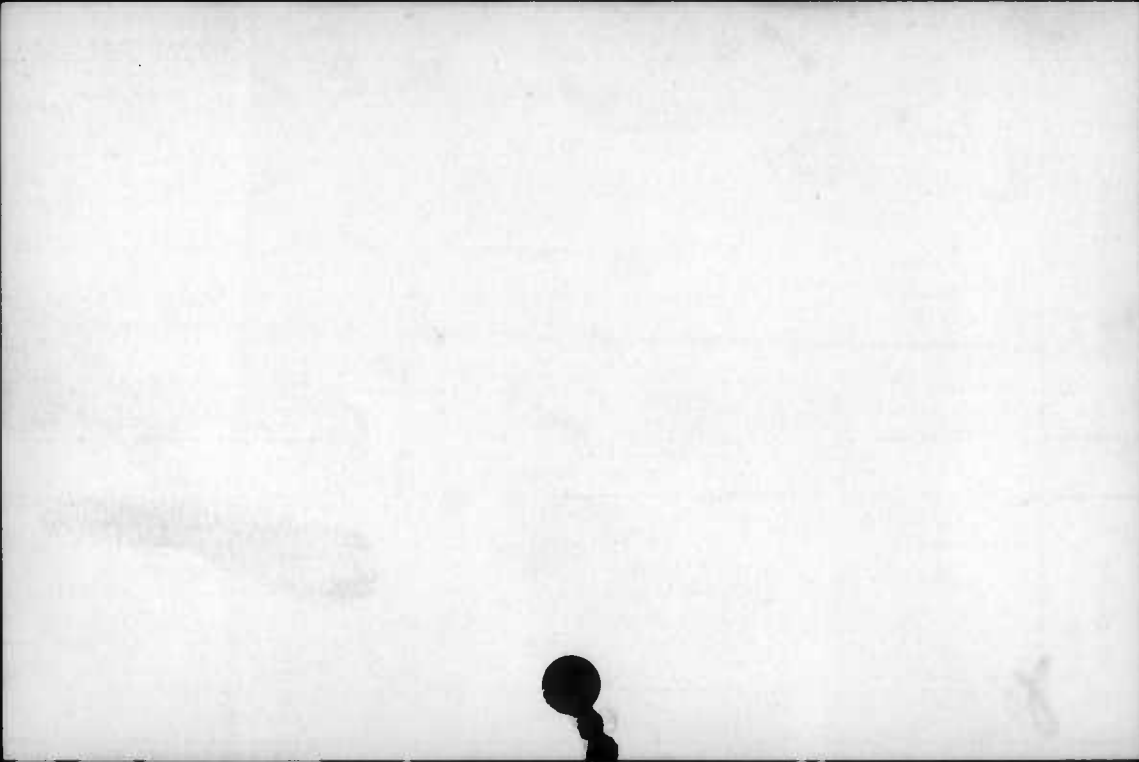
Died at <i>Brooklyn</i> ^{Town}		<i>in</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>July</i>	Day <i>2</i>	Years <i>55</i>	Months <i></i> Days <i></i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Jer</i>		
Occupation <i>Carpenter</i>	Where Residing if not at place of death <i></i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Pauline Quasney</i>				
Father's Name <i>Don't Know</i>	Father's Birthplace <i>Don't Know</i>				
Mother's Maiden Name <i>Don't Know</i>	Mother's Birthplace <i>Don't Know</i>				
Name of person giving information <i>Elizabeth Smith</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

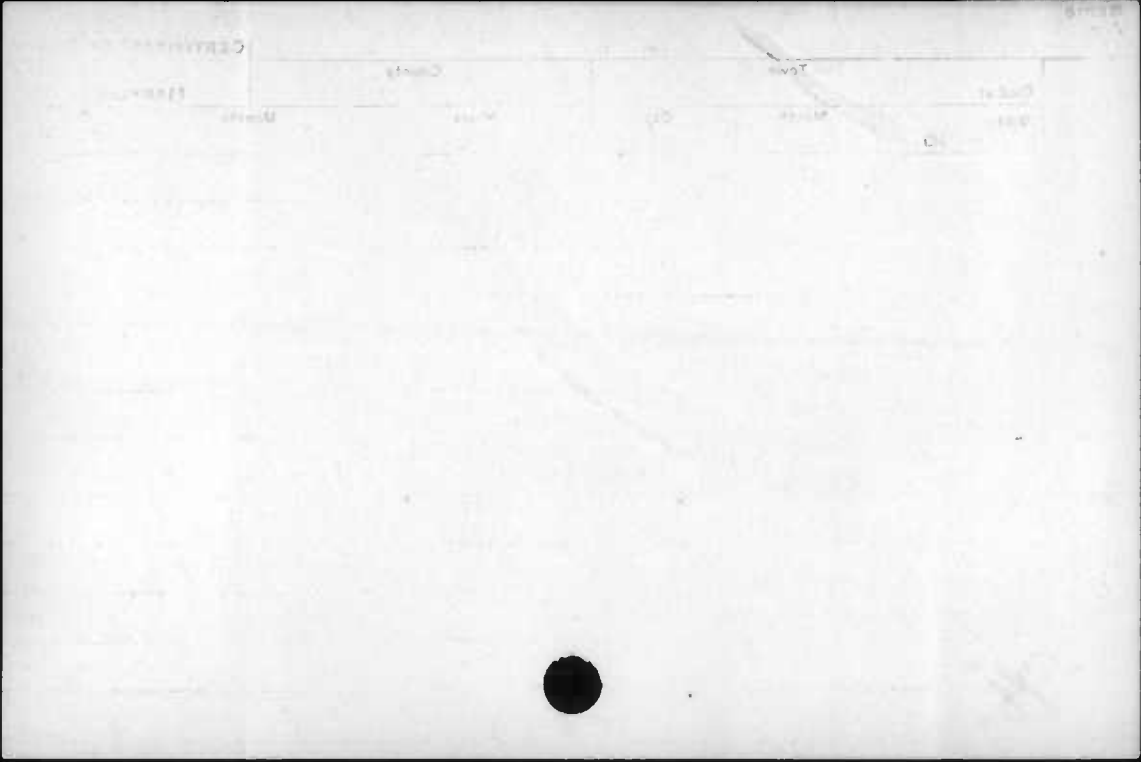
95 ✓

PHYSICIAN
OR CORONER

Primary <i>Congestion of Lungs</i>	How long <i></i>
Immediate <i>Heart Failure</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John C. Lee Croner</i>
	Address <i>Brooklyn C.C. Maryland</i>
Accident <i></i>	



Name in Full		Thomas McCleary Schoolden				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Wrelham		County Anne Arundel		MARYLAND
	Date of death		1909	Month July	Day 3	Years	Months 1
	Sex		Male		Color or Race White		Birth-place H Co Mo
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name William T. Schoolden				Father's Birthplace Baltimore Md		
Mother's Maiden Name Elizabeth R Paylor				Mother's Birthplace Frederick Md			
Name of person giving information William T. Schoolden				How related to deceased Father			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Hleo Colitis				How long Two weeks		
	Immediate Franchon				How long 3 days		
	Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician C R Winkelson M.D.		
	Accident or Suicide?				Address Hanover Mo		



Name
in
Full

William Schools-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lake Shore</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death	1909	Month	July	Day	31
Age			Years	Months	Days
Sex	Male		Color or Race	White	
Occupation	Infant		Birth-place	Anne Arundel Co	
Where Residing if not at place of death			—		
Married, Single or Widowed	Single -		Name of Wife or Husband	—	
Father's Name	John Schools -			Father's Birthplace	Virginia
Mother's Maiden Name	Mary Stallings			Mother's Birthplace	Anne Arundel Co
Name of person giving Information	John Schools -			How related to deceased	Father

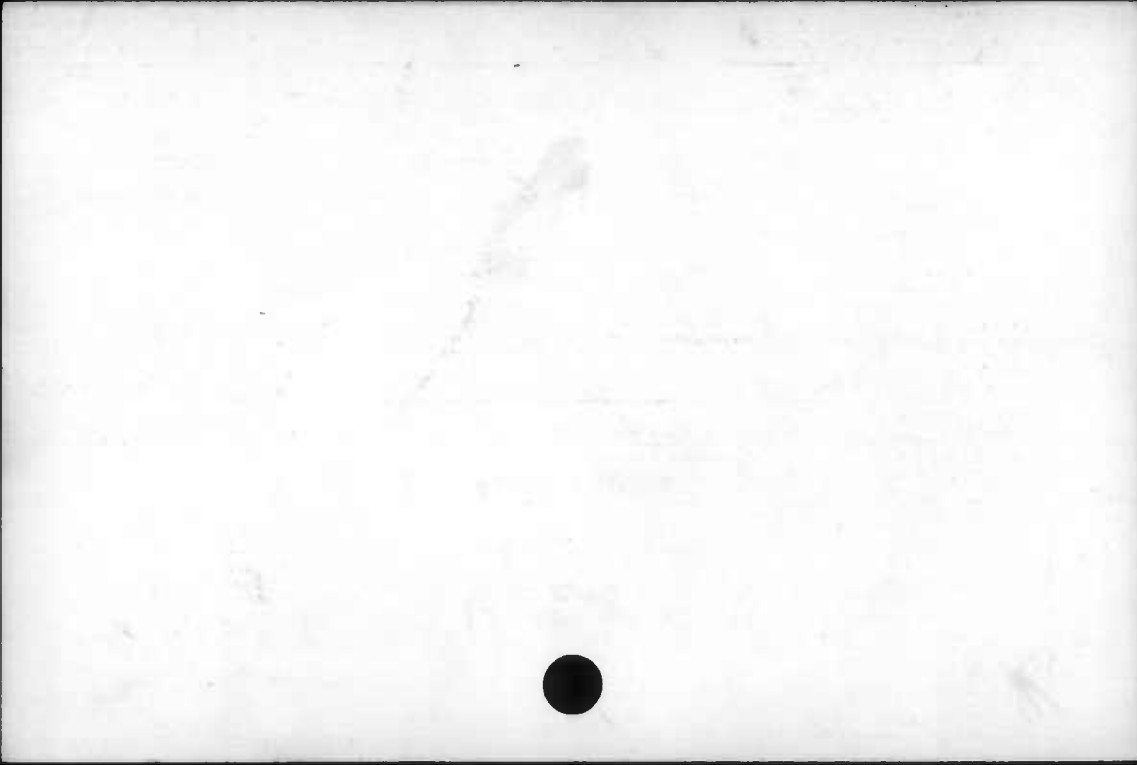
CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Congenital Deblity</u>		How long	<u>Since birth</u>
Immediate	<u>Intestinal Intoxication (irritation)</u>		How long	<u>1 week</u>
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	<u>James S. Bellangale</u>
			Address	<u>Elvaton</u>
Accident or Suicide	No			<u>7/4</u>

R F D H I



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

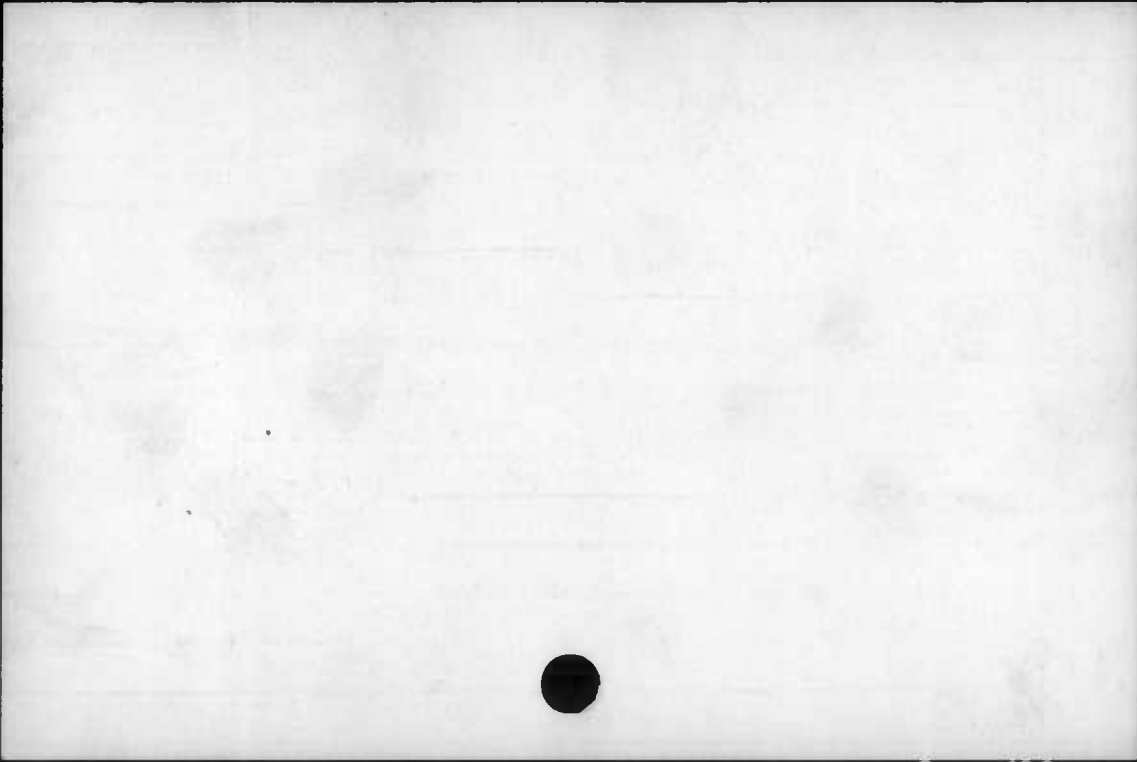
Name in Full Charles Senkus Jr		Town South Baltimore		County Anne Arundel		State MARYLAND	
Died at South Baltimore		Month July		Day 30		Years 20	
Date of death 1909		Months 1		Days 1			
Sex Male		Color or Race White		Birth-place Bohemia			
Occupation Labor		Where Residing if not at place of death South Baltimore Md					
Married, Single or Widowed Single		Name of Wife or Husband 					
Father's Name Charles Senkus		Father's Birthplace Bohemia					
Mother's Maiden Name unknown		Mother's Birthplace unknown					
Name of person giving information Mrs A Refinaitis		How related to deceased Friend					

CAUSES OF DEATH

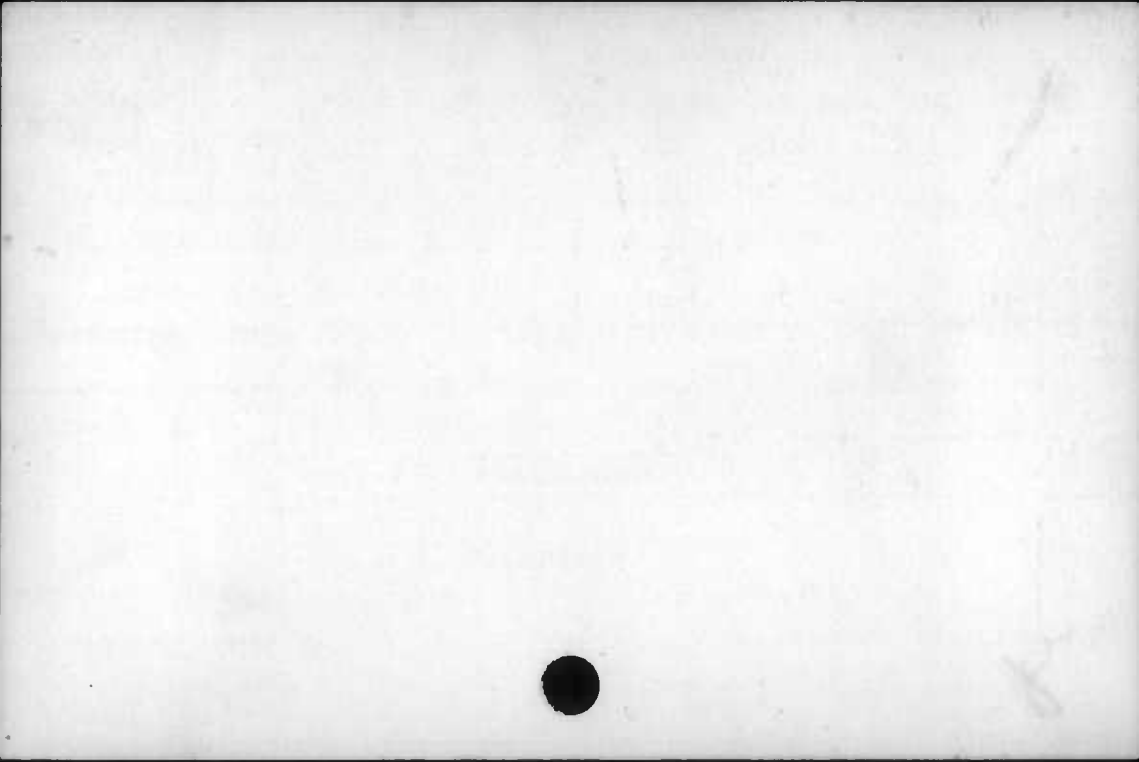
172

PHYSICIAN
OR CORONER

Primary	How long
Immediate Accidental Drowning	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician John C. Blue Cor
	Address Brooklyn
Accident or Suicide? Accident	A. A. C. Md



Name in Full		Mary A Sewall				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>West Annapolis</i> Town		<i>A. A.</i> County		MARYLAND	
		Date of death <i>1909 July 28</i>		Age <i>91</i> Years		Months <i>7</i> Days <i>—</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>A. A. Co Md.</i>	
		Occupation <i>Housewife</i>		Where Residing if not at place of death			
		Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Thomas Sewall</i>			
		Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
		Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
		Name of person giving information <i>Agustis Sewall</i>		How related to deceased <i>Son</i>			
		CAUSES OF DEATH				154 ✓	
PHYSICIAN OR CORONER		Primary <i>Senility</i>		How long <i>—</i>			
		Immediate <i>"</i>		How long <i>—</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John Purvis</i>			
		Address <i>Annapolis, Md.</i>					
		Accident or Suicide? <i>no</i>					



Name
in
Full

Selena Isadora Carroll Sims

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

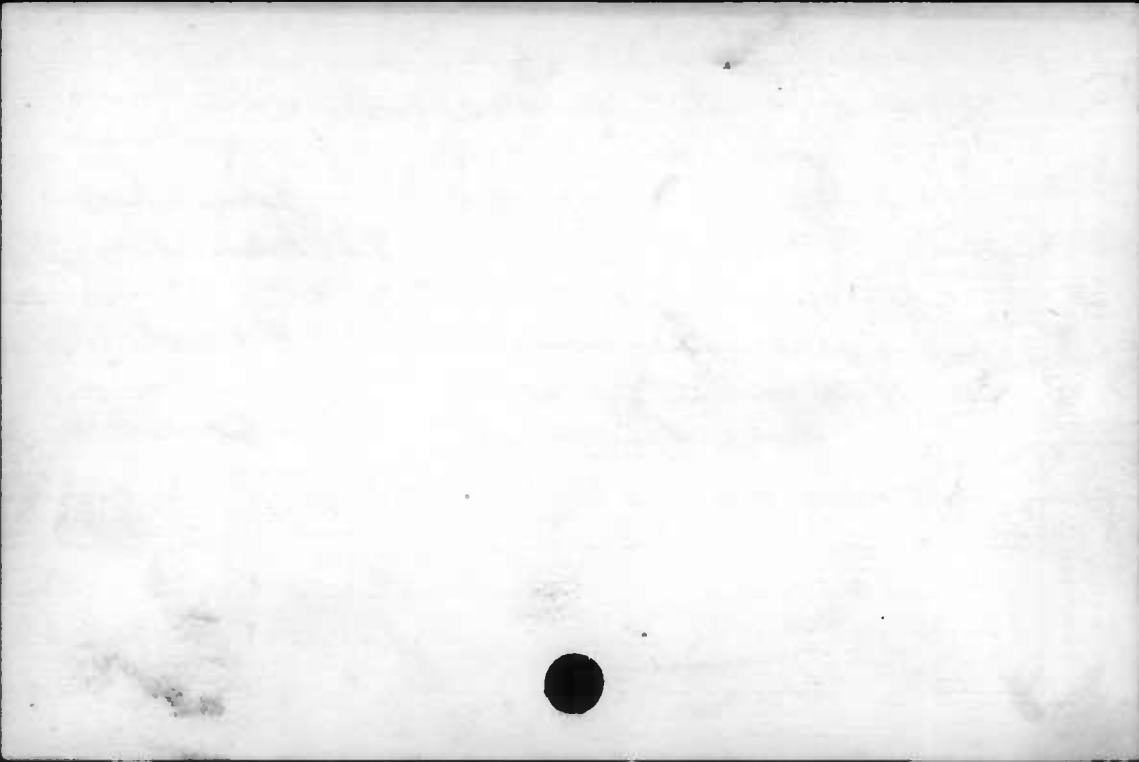
Died at <i>Annapolis md</i>		County <i>a. a co</i>		MARYLAND	
Date of death 190 <i>9</i>	Month <i>July</i>	Day <i>29</i>	Age <i>—</i>	Months <i>4</i>	Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Annapolis md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>59 Galvest st</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Harry Sims</i>		Father's Birthplace <i>Annapolis md</i>			
Mother's Maiden Name <i>Pearl M. Boston</i>		Mother's Birthplace <i>Annapolis md</i>			
Name of person giving Information <i>Georgia Boston</i>		How related to deceased <i>Grand mother</i>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>Months</i>
Immediate <i>Exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Bidont</i>
	Address <i>Annapolis md</i>
Accident or Suicide <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Charles Simms Town Annapolis County Anne Arundel MARYLAND

Died at Annapolis

Date of death 190 9 July 1 St Age 54 4 Months Days

Sex Male Color or Race Colored Birth-place A.A. Co Md

Occupation Laborer Where Residing if not at place of death 48 Madison St.

Married, Single or Widowed Single Name of Wife or Husband

Father's Name James Simms Father's Birthplace A.A. Co. Md

Mother's Maiden Name Sophia Hall Mother's Birthplace " " "

Name of person giving Information Jno Simms How related to deceased Cousin

CAUSES OF DEATH

120 ✓

PHYSICIAN
OR CORONER

Primary Chronic nephritis How long Several years

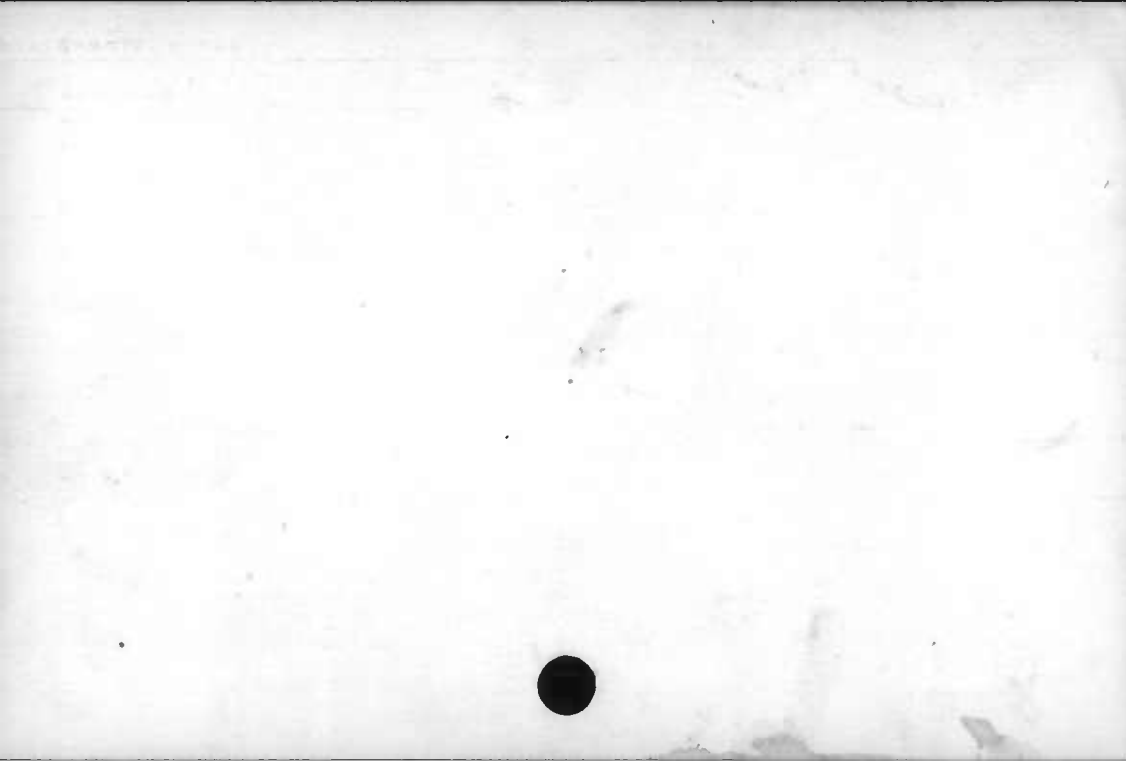
Immediate Uraemic Coma How long Sudden


Are the name, age, sex, color, date and place correctly given above? I think

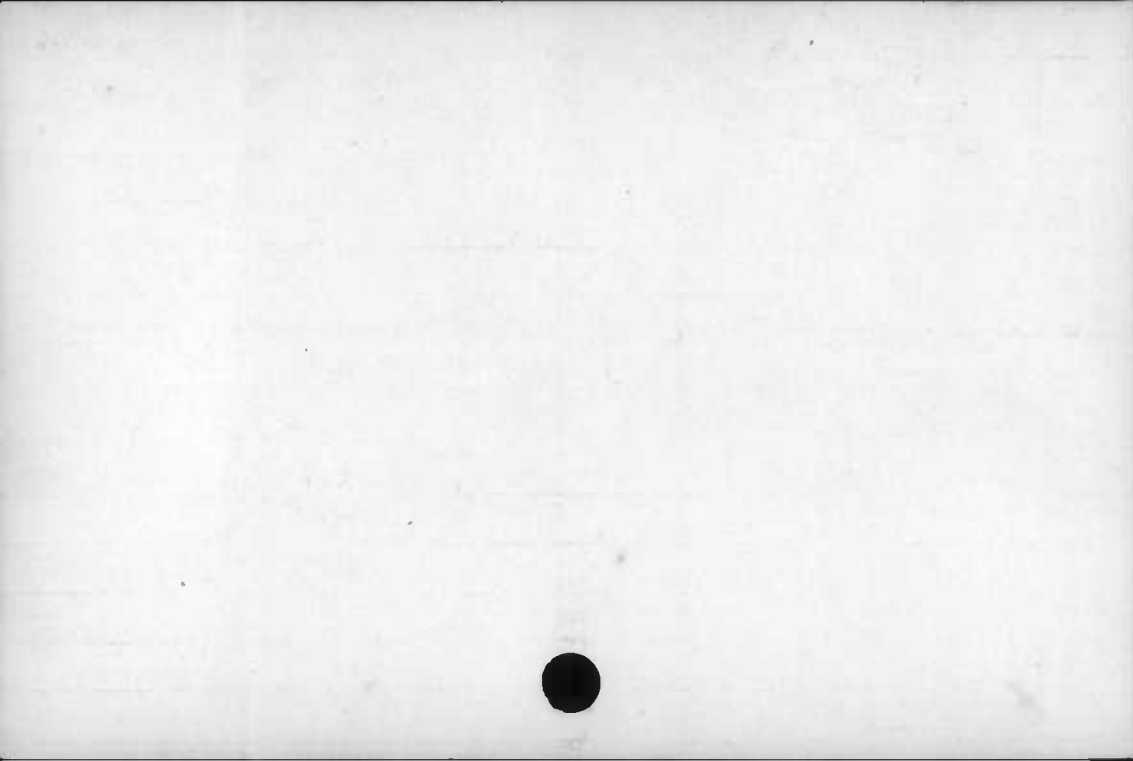
Signature of Physician H. Clement Claude, M.D. Address 9 St. John St. Annapolis, Md.

65 yrs. is nearer his age

Accident or Suicide



Name in Full		Alex S. Smith				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County		MARYLAND	
		Date of death		1905	Month	17	Day	10
		Age		Years		Months	Days	
		Sex		Male		Color or Race	White	
		Birth-place		Ma				
		Occupation				Where Residing if not at place of death		
Married, Single or Widowed		Single		Name of Wife or Husband				
Father's Name		Robt S. Smith				Father's Birthplace		N.J.
Mother's Maiden Name		Lillie Arnold				Mother's Birthplace		Eng
Name of person giving information		Robt. S. Smith				How related to deceased		Father
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">61</div>								
PHYSICIAN OR CORONER		Primary				How long		
		Meningitis				4 days		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				Yes		
		Signature of Physician				Chas. H. Brooke		
		Address				Brooklyn		
		Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Johnnie Smith Jr.
Town *St* County *A.A.*

MARYLAND

Died at *St* Date of death 1909 *July* Month *7* Day *4* Age *—* Years *11* Months *—* Days

Sex *male* Color or Race *White* Birth place *A.A. Co.*

Occupation *infant* Where Residing if not at place of death *—*

Married, Single or Widowed *Infant* Name of Wife or Husband *—*

Father's Name *John Smith*

Father's Birthplace *Belts Co. Md*

Mother's Maiden Name *Mamie Wells*

Mother's Birthplace *Laurel Md*

Name of person giving Information *Father J Smith*

How related to deceased *Father*

CAUSES OF DEATH

Primary *Cholera Infantum*

How long *2 days*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*J. H. P. [Signature]
Laurel Md*

PHYSICIAN
OR CORONER

Accident or Suicide *No*

Ben Brunt G⁹ Foster & Pham
Lanier

Name
in
Full

unknown
Town

Smith Infant
County

CERTIFICATE OF DEATH

MARYLAND

Died at Annapolis

a-a-

Date of death 1904 July 15

Age

Months 28 Days

Sex Female

Color or Race Colord

Birth-place Annapolis

Occupation unknown

Where Residing if not at place of death

Chestnut St

Married, Single or Widowed Single

Name of Wife or Husband unknown

Father's Name Moses Smith

Father's Birthplace Annapolis

Mother's Maiden Name Josephine Adams

Mother's Birthplace Annapolis

Name of person giving Information Moses Smith

How related to deceased Father

CAUSES OF DEATH

Primary

Enterocolitis
Exhaustion

How long

One week

Immediate

How long

Gradual

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes

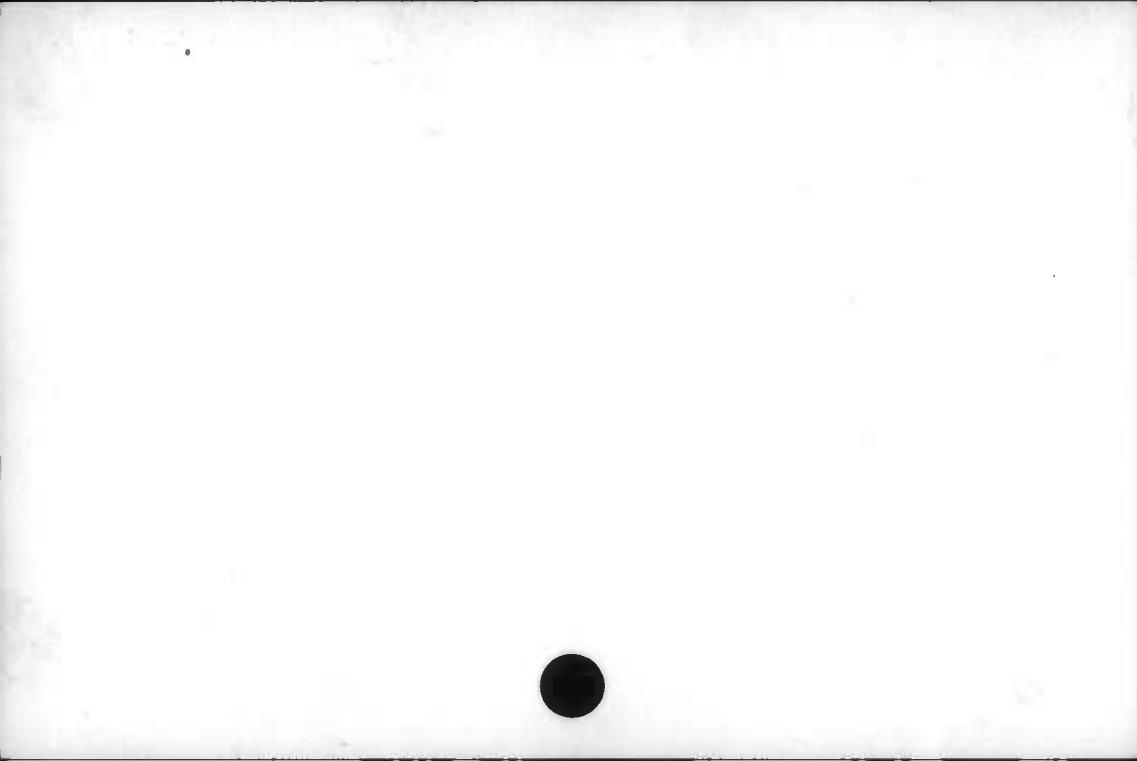


John Ridout, M.D.
Annapolis

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

John Snowden

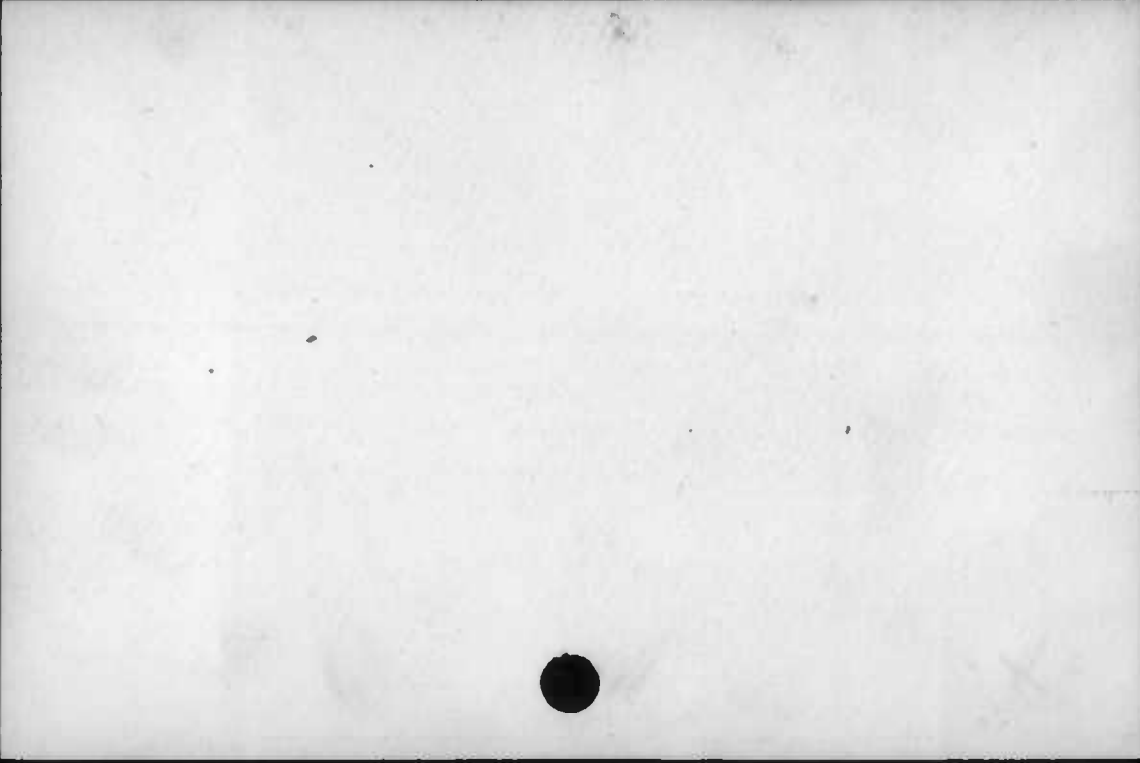
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>3434 Adams Town</i>		County		MARYLAND	
Died at <i>or near Head of Rock Creek in</i>		<i>Anne Arundel</i>			
Date of death	1909	Month	July	Day	25
Sex		Male		Color or Race	Negro
Occupation		Farm Laborer		Birth-place	Annapolis Ind
Married, Single or Widowed		Single		Name of Wife or Husband	
Father's Name		Unknown		Father's Birthplace	Anne Arundel Co
Mother's Maiden Name		Unknown		Mother's Birthplace	Anne Arundel Co
Name of person giving information		Henry Lipskins		How related to deceased	None
		CAUSES OF DEATH		79	

PHYSICIAN
OR CORONER

Primary	<i>Heart trouble</i>	How long	<i>a few minutes</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Medville D. G. Lox</i>	
<i>X</i>		Address	
		<i>Judith of the Branch ending</i>	
Accident or Suicide?		<i>Common</i>	
		<i>Charles R. F. D. No 2 a c nd</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Whilumina J. Spangenberg

MARYLAND

Died at Woodlawn Heights (Montreal) County

Date of death 1909 July 19 Age 55 Months — Days —

Sex Female Color or Race White Birth-place Germany

Occupation Housewife Where Residing if not at place of death 703 W Pratt

Married, Single or Widowed Married Name of Wife or Husband Philip Spangenberg

Father's Name Not Known Father's Birthplace Germany

Mother's Maiden Name Not Known Mother's Birthplace " " "

Name of person giving information Philip Spangenberg How related to deceased Husband

CAUSES OF DEATH

79

Primary Aortic Stenosis

How long 1 yr.

Immediate Anasarca

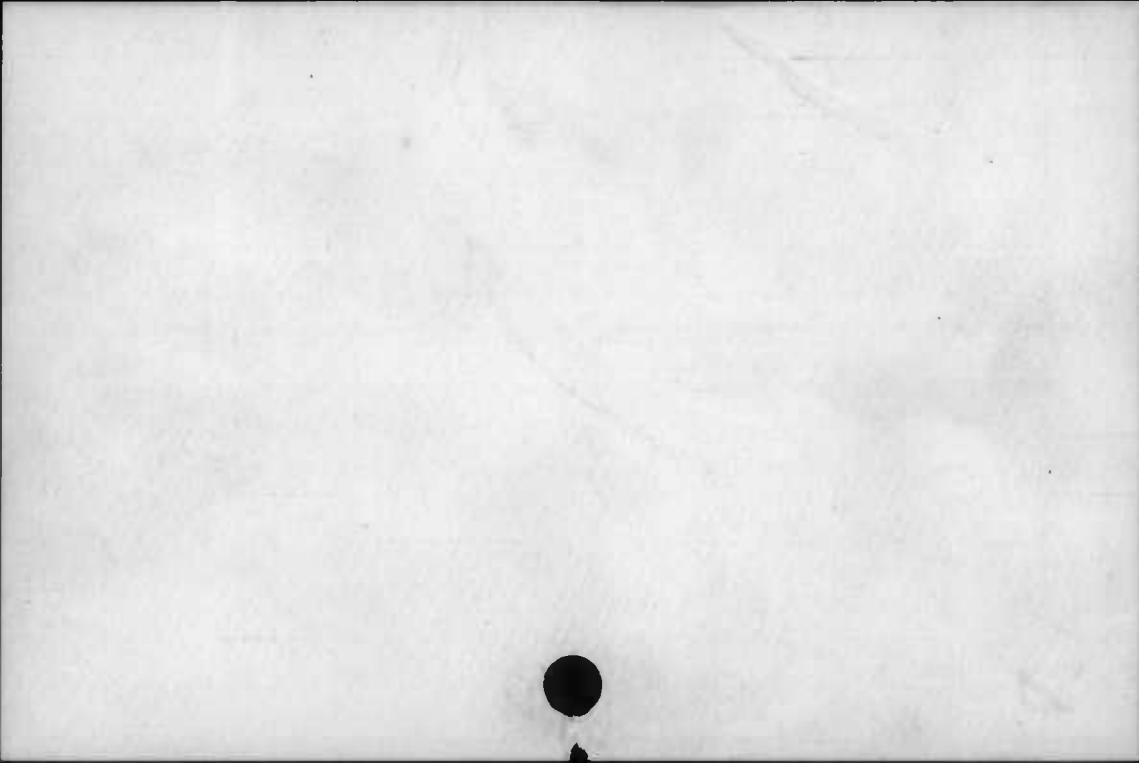
How long 3 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Thudon Kerne

Address 180 R. Clark St

Accident or Suicide? No.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Anna H. Shuck
Town County

MARYLAND

Died at *Worworth* *A* *A*
Date of death 190 *9* *7* *10* Age *—* Months *3* Days *21*

Sex *Female* Color or Race *White* Birth-place *Maryland*
Occupation *Carpenter* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *E. Shuck*

Father's Birthplace *Maryland*

Mother's Maiden Name *Barton*

Mother's Birthplace *Maryland*

Name of person giving Information *E. Shuck*

How related to deceased *Father*

CAUSES OF DEATH

105 ✓

Primary *Chest Cavity*

How long *1 week*

Immediate *Chest Cavity*

How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *Yes*

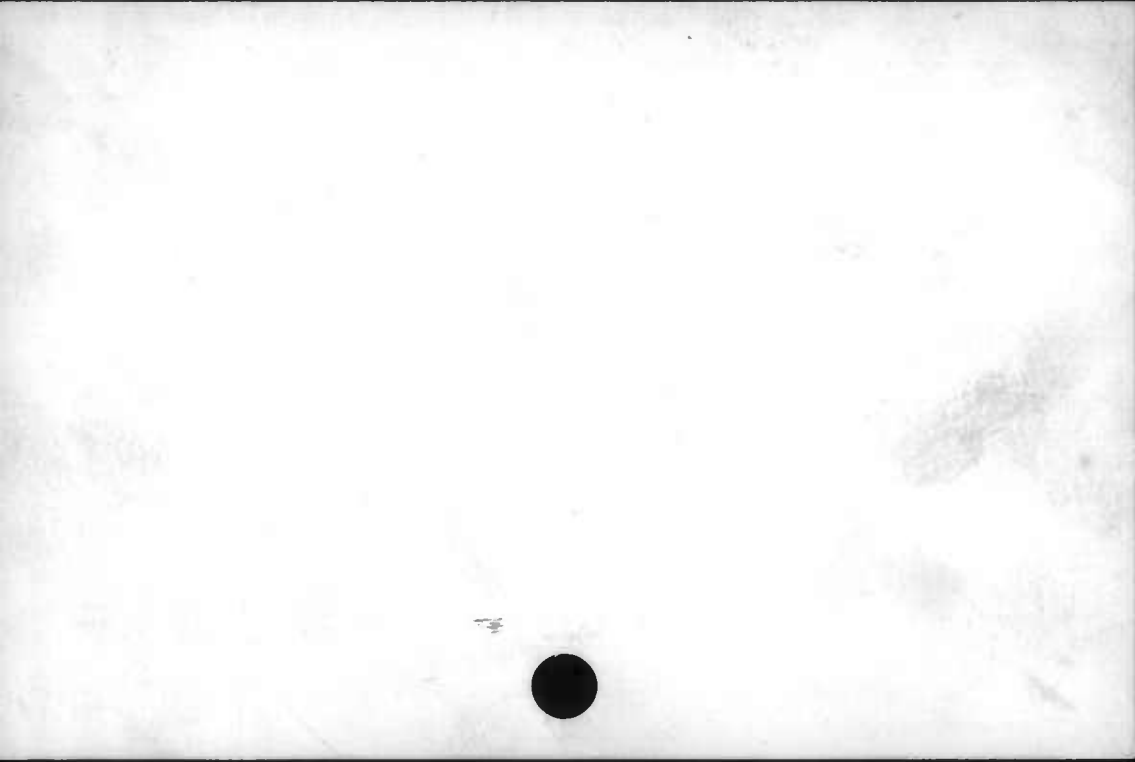
Signature of Physician

Address

W. B. Shuck
Baltimore Md

Accident or Suicide *No*

PHYSICIAN
OR CORONER



Name
in
Full

Anelia Szatinski

CERTIFICATE OF DEATH

Died at ^{Town} So. Baltimore

County

A A

MARYLAND

Date of death 1909 July

Month

Day 21

Age

Years

L

Months

6

Days

L

Sex Female

Color or
Race

white

Birth-
place

Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Charles Szatinski

Father's
Birthplace

Russia

Mother's
Maiden NameMary Walecz ~~worectic~~Mother's
Birthplace

"

Name of person giving
information

Charles Szatinski

How related
to deceased

Father

CAUSES OF DEATH

105

Primary

Chloroform

How long

one week

Immediate

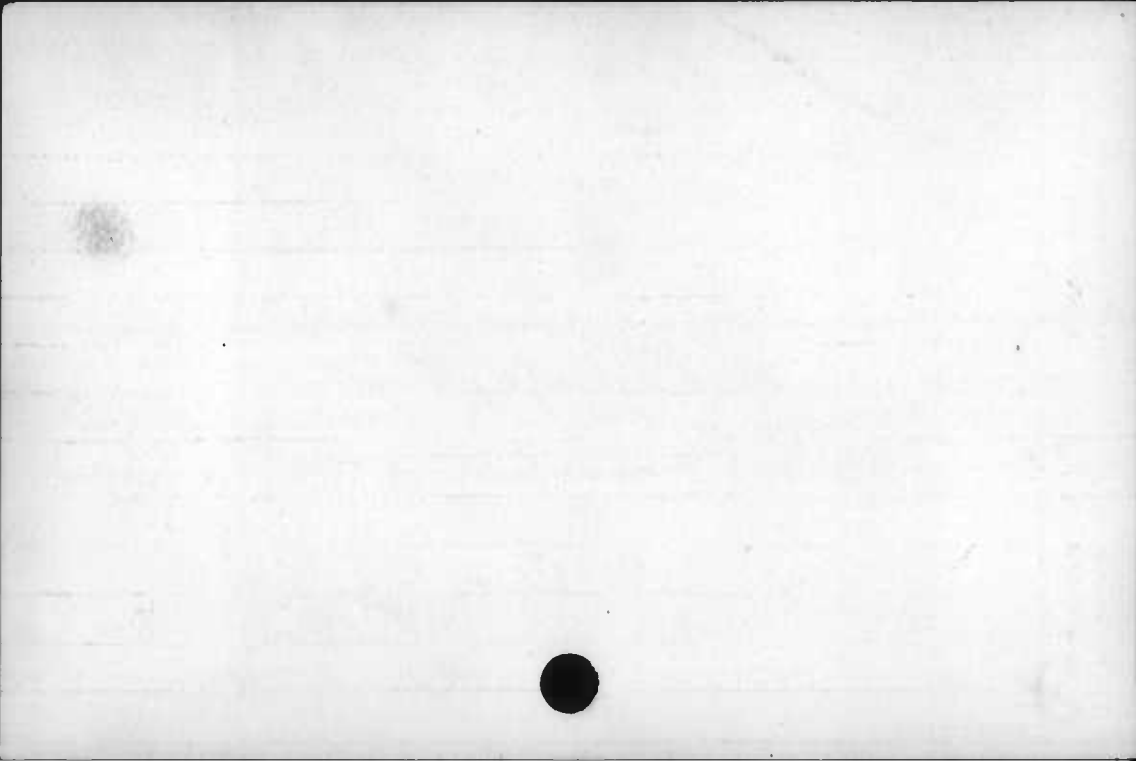
Are the name, age, sex, color, date
and place correctly given above?

yes

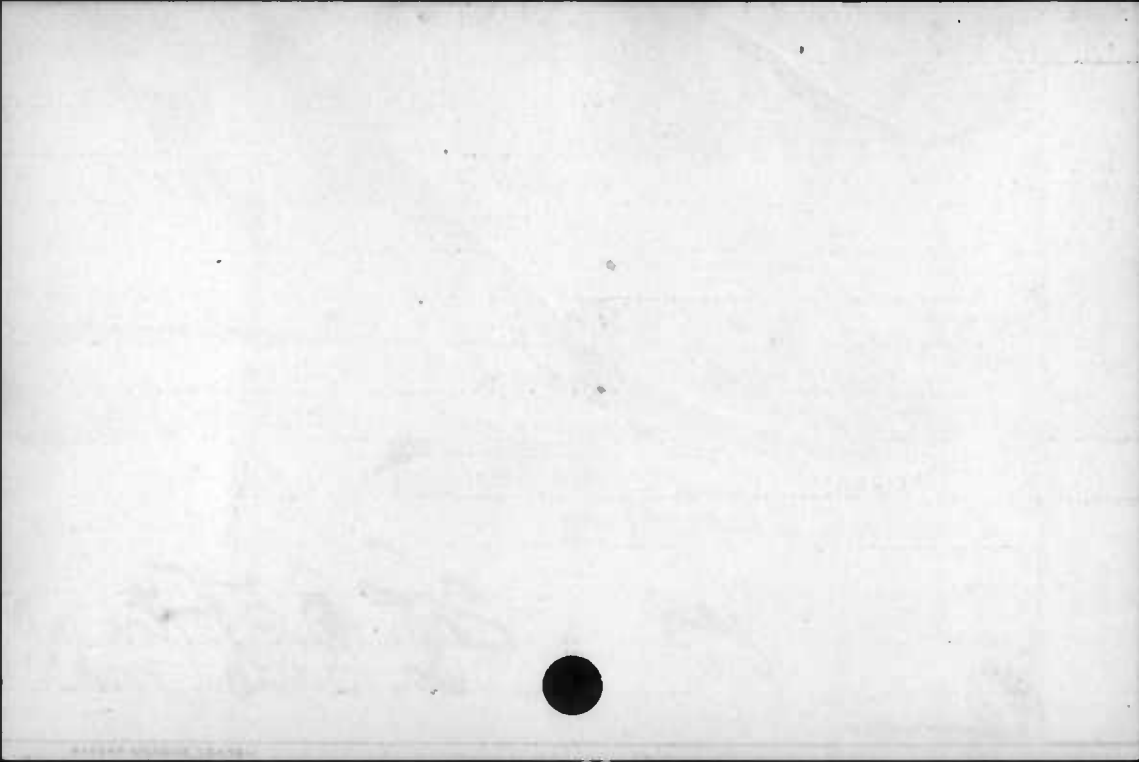
Signature of
Physician

Address

J. H. B. Elton 3rd
So. Baltimore, Md.TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Thomas				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Wellham</i> Town		<i>Anne</i> County		MARYLAND		
	Date of death	<i>1909</i>	Month <i>July</i>	Day <i>30</i>	Age	Years <i>7</i>	Months <i>7</i>
	Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth- place <i>Anne Arundel Co Md</i>			
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name <i>Alexander Thomas</i>			Father's Birthplace <i>Alex Md</i>			
	Mother's Maiden Name <i>Lilly Butler</i>			Mother's Birthplace <i>Alex Md</i>			
Name of person giving In formation <i>Lilly Butler</i>			How related to deceased <i>Mother</i>				
CAUSES OF DEATH							179 ✓
PHYSICIAN OR CORONER	Primary <i>Marasmus</i>			How long <i>2 mo</i>			
	Immediate <i>Fracture</i>			How long <i>2 weeks</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>Le R Winter</i>			
	Accident or Suicide?			Address <i>Hanover</i> <i>Md</i>			



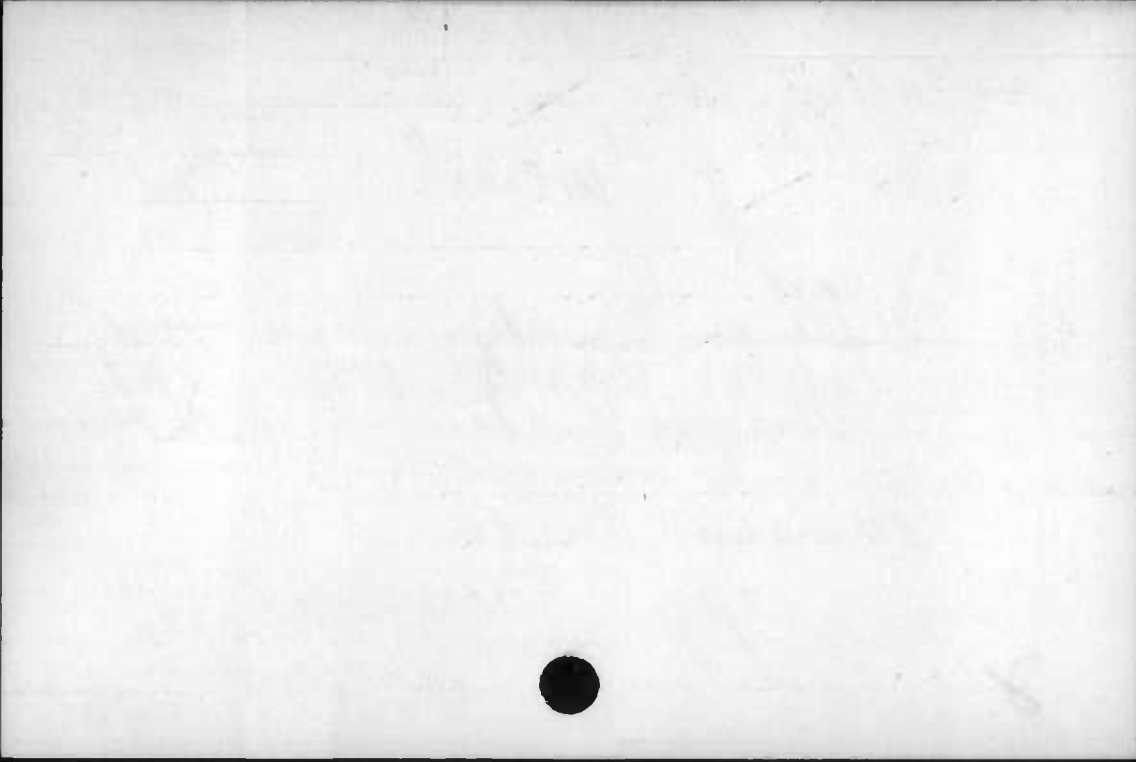
Name in Full		Frank Thomas				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Fairfield		County		MARYLAND			
	Date of death		1909	July	17	Age		Years	Months	Days
	Sex		Male		Color or Race		white		Birth-place	W.D.
	Occupation				Where Residing if not at place of death					
	Married, Single or Widowed				Name of Wife or Husband					
	Father's Name				John Thomas				Father's Birthplace	Hungary
Mother's Maiden Name				Aussie Thod				Mother's Birthplace	" "	
Name of person giving information				John Thomas				How related to deceased	Father	
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary				Enterotoxemia					
	Immediate				How long					
	Are the name, age, sex, color, date and place correctly given above?				yes					
	Signature of Physician				J. B. Norton M.D.					
Address				So. Balto. Md.						
<input checked="" type="checkbox"/> Accident or Suicide										

105

How long

3 weeks

How long



Name
in
Full

Zucker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at McKendree ^{Town} Anne Arundel ^{County} MARYLAND

Date of death 1909 July ^{Month} 22 ^{Day} Age 0 ^{Years} 0 ^{Months} 0 ^{Days} 0

Sex Male Color or Race White Birth-place Ind.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Clarence Zucker Father's Birthplace Ind.

Mother's Maiden Name Estelle Dove Mother's Birthplace Ind.

Name of person giving Information Clarence Zucker How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Premature birth 8 How long _____

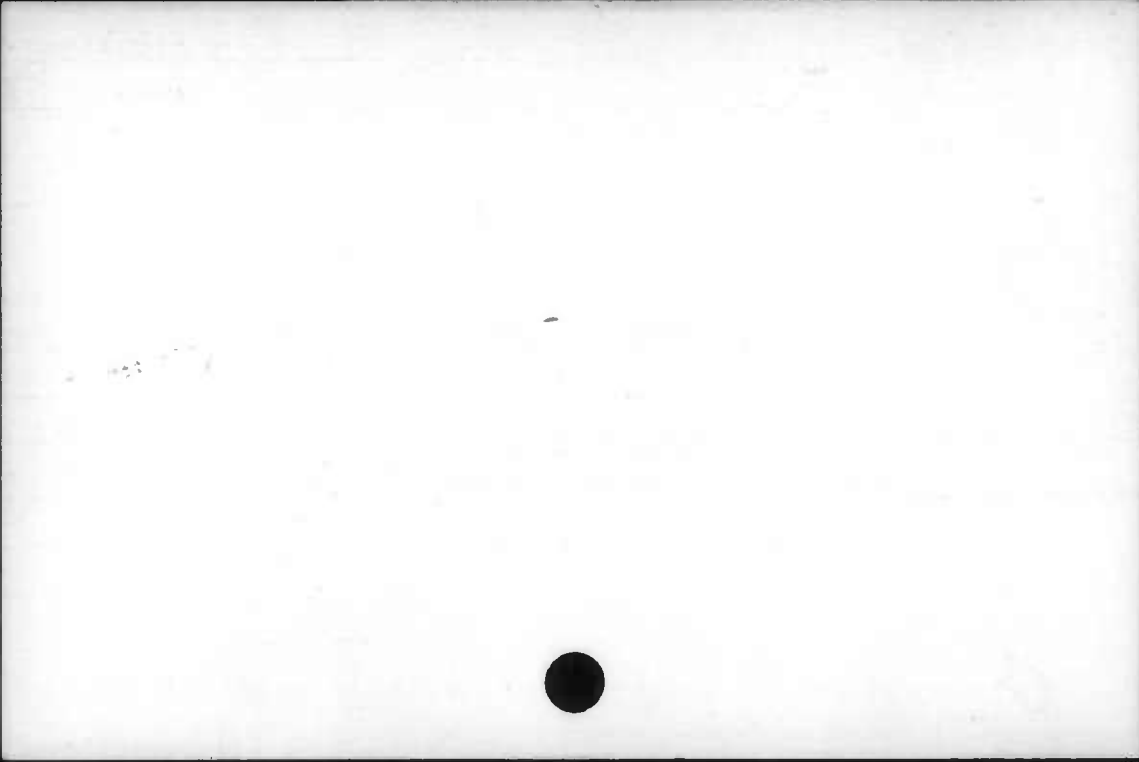
Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? Yes

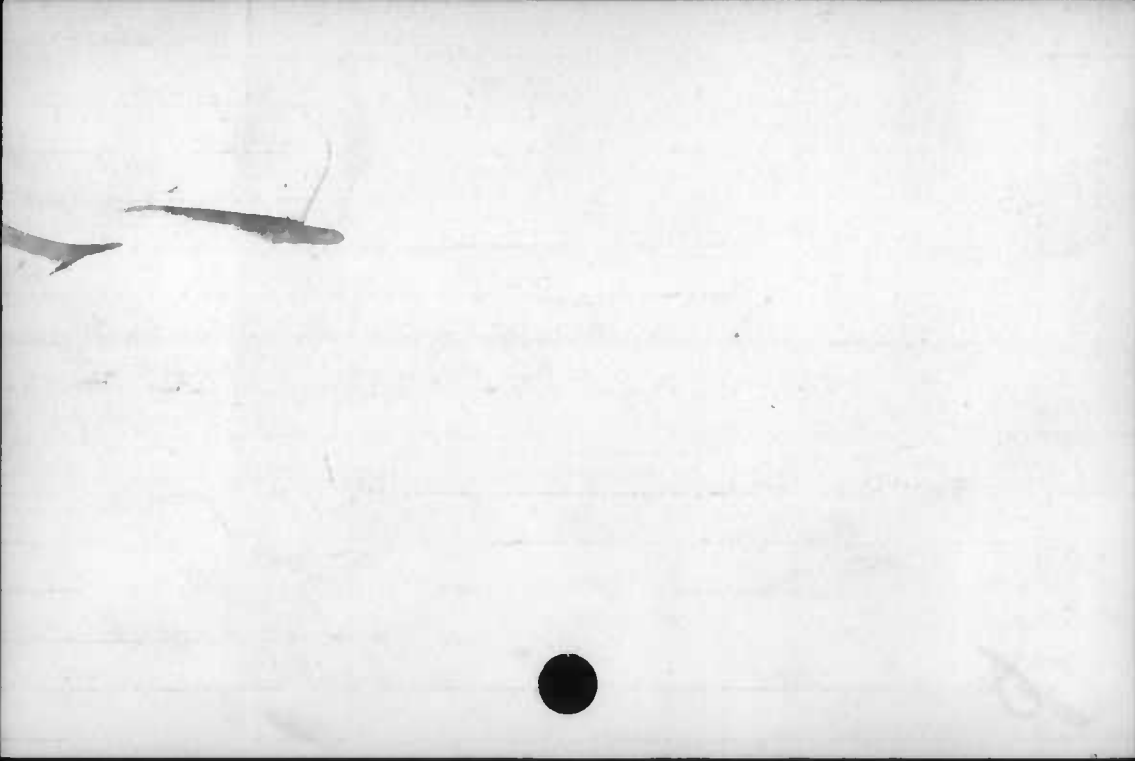
Signature of Physician A. H. Perrie

Address McKendree Ind.

Accident or Suicide _____



Name in Full		Czislav Twardowicz				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>So. Balti</i>		County <i>A. H.</i>		MARYLAND		
		Date of death	Month	Day	Age	Years	Months	Days
		<i>1909 July 27</i>		<i>27</i>		<i>13</i>		<i>13</i>
		Sex	Color or Race		Birth-place			
		<i>Male</i>		<i>white</i>		<i>Ind</i>		
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
		Name of person giving information		How related to deceased				
		<i>Frank Twardowicz</i>		<i>Austria</i>				
		<i>Marcela Szuchocka</i>		<i>"</i>				
		<i>Marcela Twardowicz</i>		<i>Mother</i>				
				CAUSES OF DEATH		(105)		
PHYSICIAN OR CORONER		Primary		<i>Cholera Infantum</i>				
		Immediate		<i>How long</i>				
		Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>				
		Signature of Physician		<i>J. B. O'Horty</i>				
		Address		<i>So. Baltg, Md.</i>				
		Accident or Suicide?						



Name
in
Full

Maragrett Fyding

CERTIFICATE OF DEATH

Died at <i>West River</i> ^{Town} <i>a</i> ^{County}		MARYLAND	
Date of death <i>1909 July 26</i>	Month <i>July</i>	Day <i>26</i>	Age <i>87</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Ind</i>	
Occupation <i>House wife</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Edward Fyding</i>		
Father's Name <i>Edward Woodward</i>	Father's Birthplace <i>Not known</i>		
Mother's Maiden Name <i>Sarah Footh</i>	Mother's Birthplace <i>Don't know</i>		
Name of person giving Information <i>Edward Fyding</i>	How related to deceased <i>Son</i>		

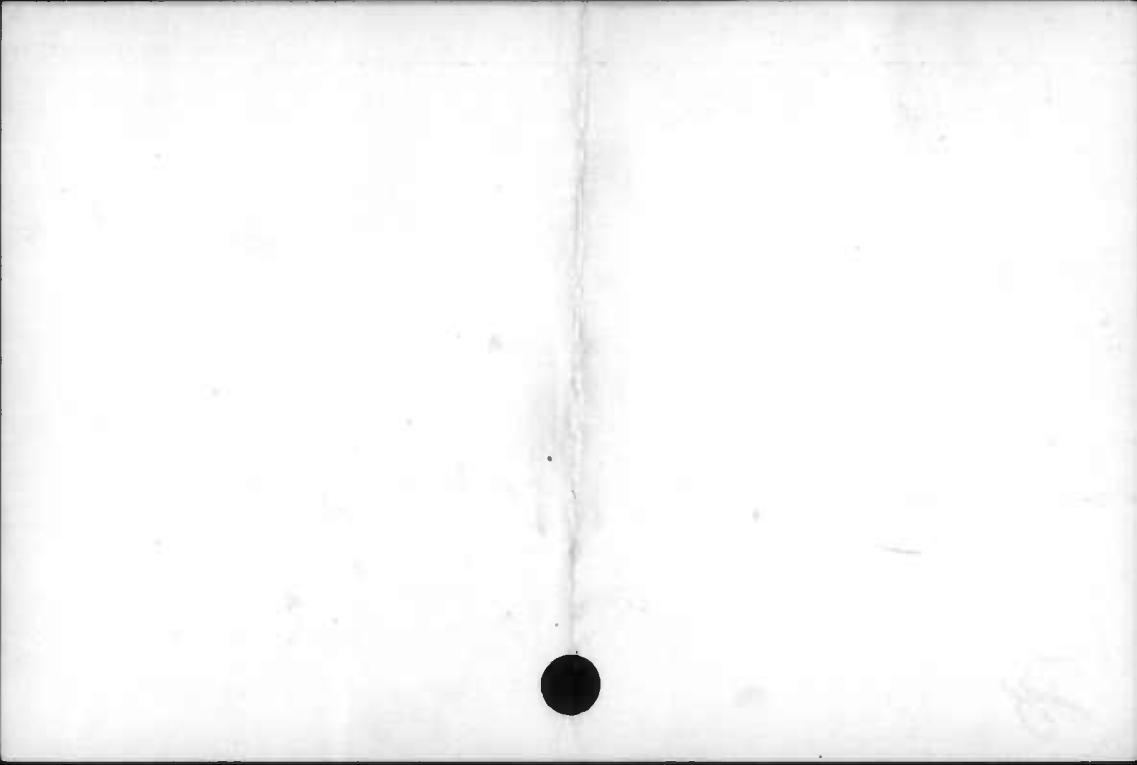
TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

154

Primary <i>Old age</i>	How long
Immediate <i>Gradual Asthenia</i>	How long <i>4 Months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Melanie Cawood MD</i>
	Address <i>West River Ind</i>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Upton
Town *Brown*

County

aa

MARYLAND

Date

of death *1909*

Month

7

Day

1

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

ma

Occupation

none

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Thos L. Upton

Father's
Birthplace

Ma d

Mother's
Maiden Name

Caroline A. Biles

Mother's
Birthplace

Ma d

Name of person giving
In formation

Thos L. Upton

How related
to deceased

Father

CAUSES OF DEATH

Primary

Convulsions

How long

71

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

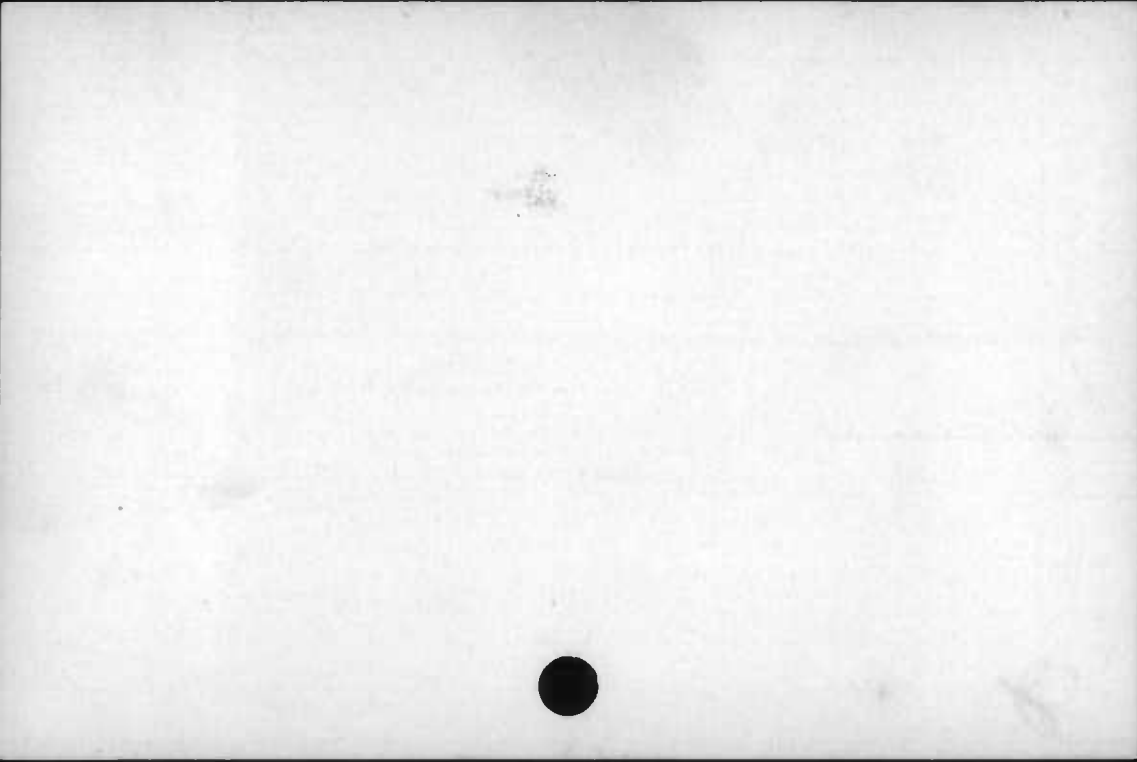
Signature of
Physician

Chas. H. Brooke

Address

Brown

Accident or Suicide?



Name
in
FullRace - *Trainer*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

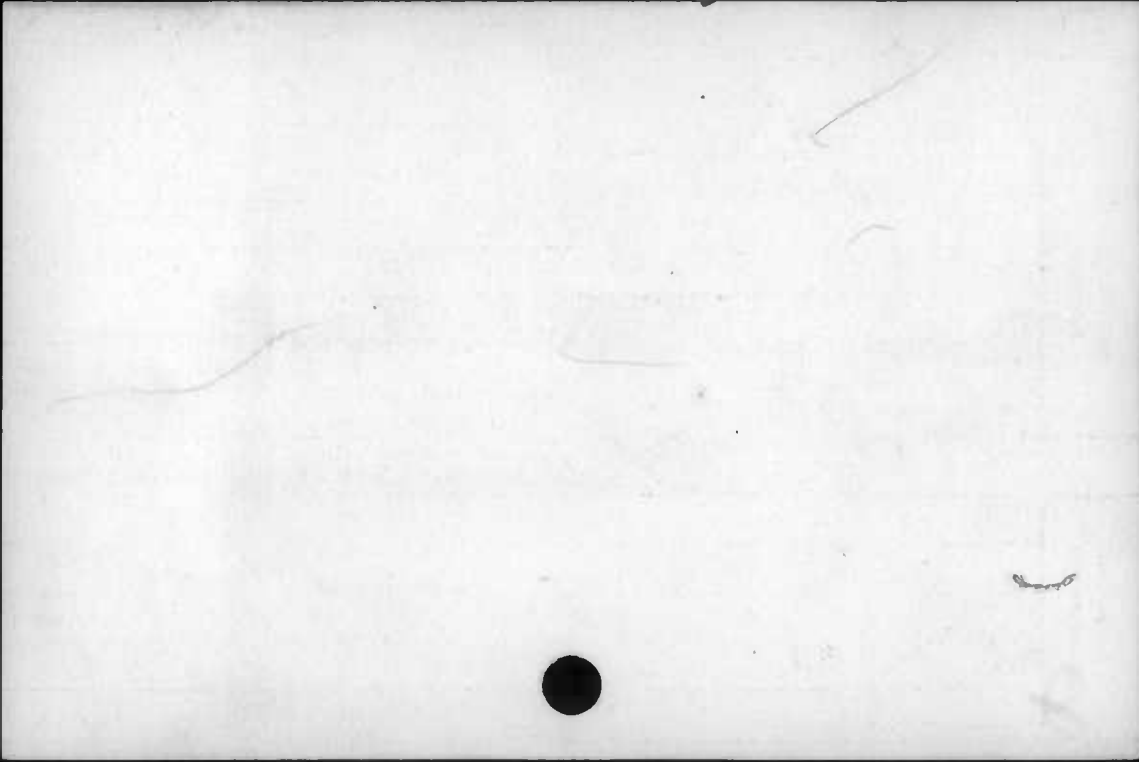
Died at <i>Jessup</i> Town <i>Anne Arundel</i> County		MARYLAND	
Date of death	1909	Month <i>July</i>	Day <i>27</i>
Sex <i>Male</i>	Color or Race <i>black</i>	Age <i>23</i>	Months <i>23</i>
Occupation <i>laborer</i>	Where Residing if not at place of death <i>At Home of Cousin</i>		
Married, Single <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Unknown</i>	Fether's Birthplace		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace		
Name of person giving information <i>Dr. Pryor</i>	How related to deceased <i>hit at car</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>6 mo</i>
Immediate <i>Pulmonary Hemorrhage</i>	How long <i>10 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Pryor</i>
Address <i>See above</i>	
Accident or Suicide? <i>no</i>	



Name
in
Full

Celia Western

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at South River Anne Arundel

Date

Month

Day

Years

Months

Days

of death

1909

July

29

Age

62

Sex

Female

Color or
Race

Colored

Birth-
place

Maryland

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widow

Married

Name of Wife or
Husband

Philip Western

Father's
Name

William Downs

Father's
Birthplace

Maryland

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Leveria Chambers

How related
to deceased

No relation

CAUSES OF DEATH

120

Primary

Bright's Disease

How long

3 years

Immediate

Dropsy

How long

2 1/2 years

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

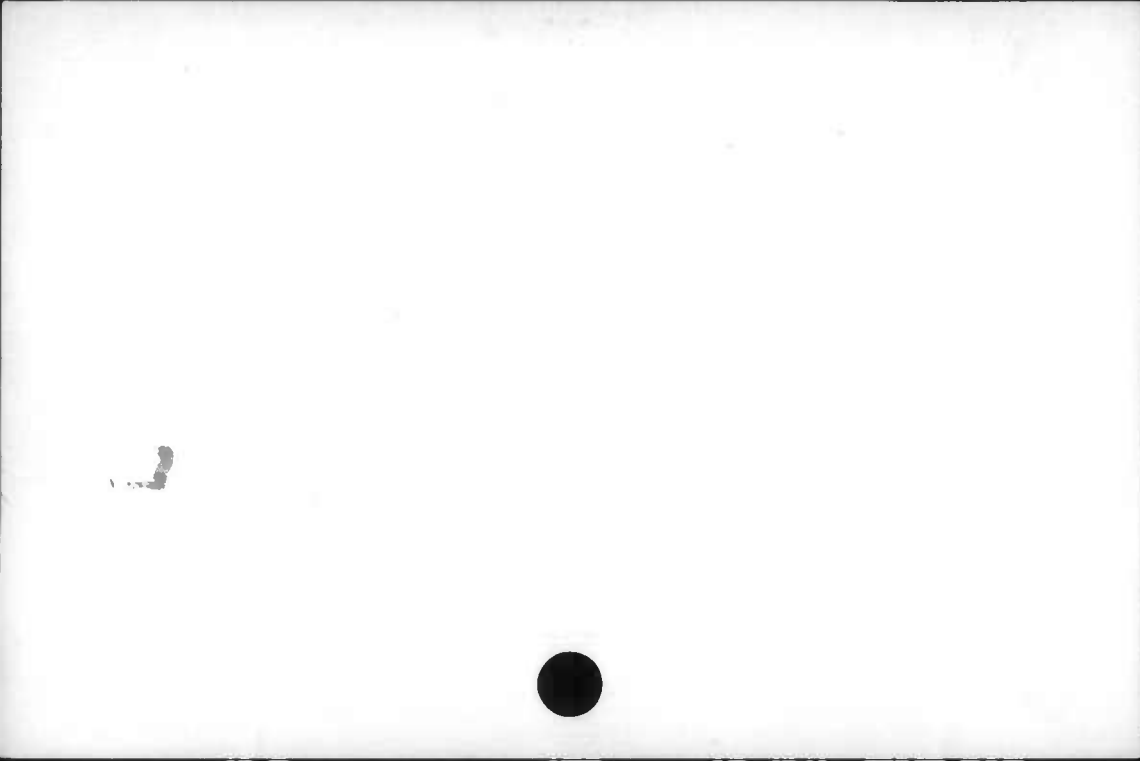
Address

John Collinson
South River

Accident or Suicide

Md.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Redgmal Wilson

CERTIFICATE OF DEATH

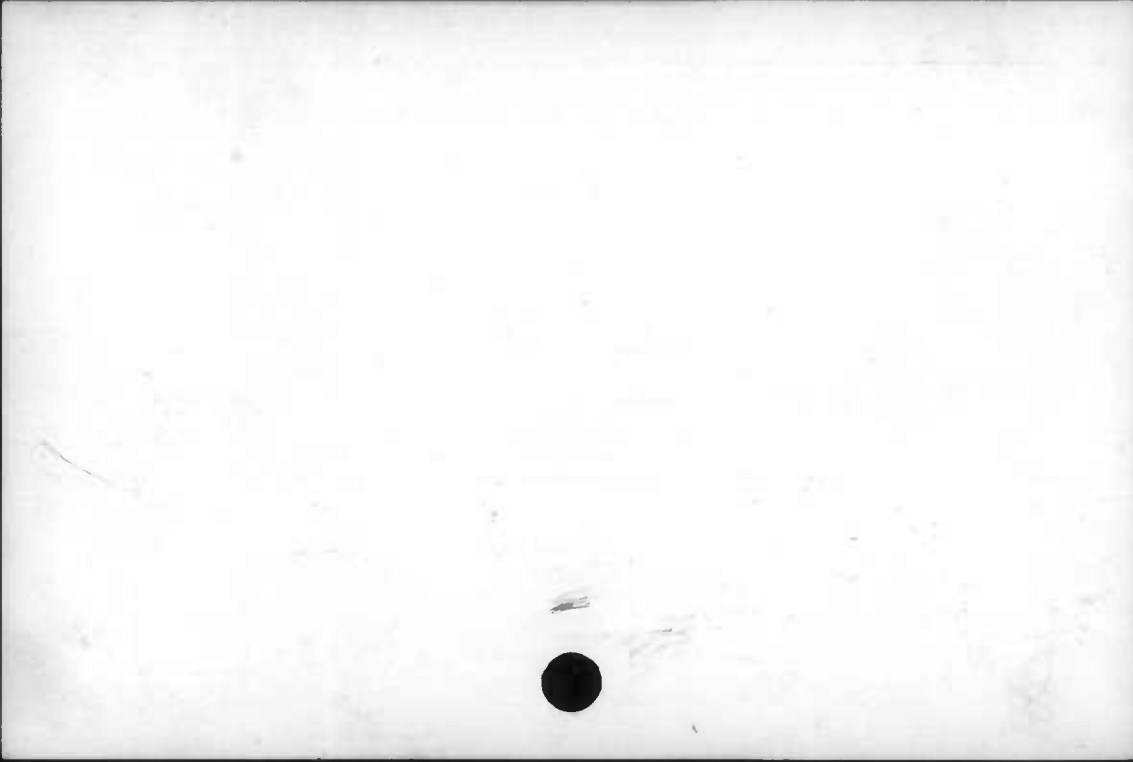
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>West River</i>		County <i>Anna Russell</i>		MARYLAND	
Date of death	1909	Month <i>July</i>	Day <i>7</i>	Age <i>—</i>	Years <i>7</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>West River</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>West River</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Arthur Wilson</i>	Father's Birthplace <i>West River</i>				
Mother's Maiden Name <i>Florence Owens</i>	Mother's Birthplace <i>Bristol Ga Ga</i>				
Name of person giving Information <i>James H. Gray</i>	How related to deceased <i>Grand Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Child birth</i>	How long <i>a few hours</i>
Immediate <i>Hemorrhage</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Maxwell Campbell M.D.</i>
<i>Yes</i>	Address <i>West River Md</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William H. Wood

Town

County

MARYLAND

Died at Camp Parole

A A.

Date of death 1909 July

Month

Day

Years

Months

Days

Age 66

Sex

Male

Color or
Race

White

Birth-
place

A.A. Co Md.

Occupation

Store Keeper

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Johannah Wood

Father's
Name

George Wood

Father's
Birthplace

A.A. Co Md.

Mother's
Maiden Name

Caroline Stevens

Mother's
Birthplace

A.A. Co Md.

Name of person giving
Information

Johannah Wood

How related
to deceased

Wife

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary

Cerebral Apoplexy

How long

1/2 hour

Immediate

Cardiac Arteriosclerosis

How long

10 min.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

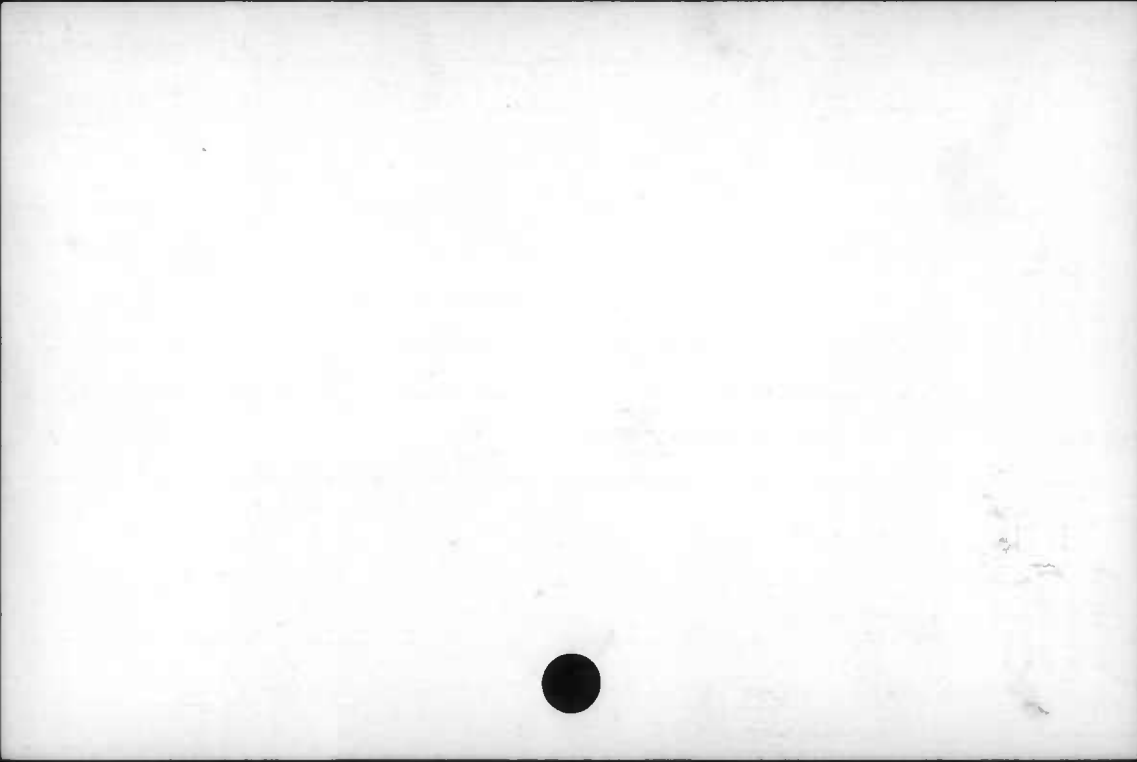
Louis B. Kunkel

Address

Camp Parole,
Md.

Accident or Suicide

Neither



Name
in
Full

CERTIFICATE OF DEATH

Mary E Young
Town *Harwood* County *Annerundel*

MARYLAND

Died at *Harwood* Month *July* Day *22nd* Age *28*
Date of death *1909* Months *28* Days *28*

Sex *Free male* Color or Race *colored* Birth-place *West River*

Occupation *House Wife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Ernest Young*

Father's Name *Henson Taylor* Father's Birthplace *Annerundel Md*

Mother's Maiden Name *Elizabenth Sheward* Mother's Birthplace *Annerundel Md*

Name of person giving Information *Ernest Young* How related to deceased *Husband*

(Gastro-enteritis)

CAUSES OF DEATH

105

Primary *Improper feeding* How long *—*

Immediate *acute milk infection* How long *week*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician *Phelam C. Wood, MD*

Address *West River Md*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

28

1. 1/10

26

